

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:36

DOCUMENT # 700775 (0)

1. Corporation Name
DUVAL AUDUBON SOCIETY, INC.

Principal Place of Business 1275 NORWICH RD JACKSONVILLE FL 32207 US	Mailing Address DUVAL AUDUBON SOCIETY 2965 FOREST CIRCLE JACKSONVILLE FL 32257 US
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/11/1960	3a. Date of Last Report 02/11/1994
4. FEI Number 59-1772426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**POWELL, MRS FITZHUGH
2965 FOREST CIR
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RHODES, BRENDA
STREET ADDRESS	2734 RAINBOW CIRCLE NO
CITY-ST-ZIP	ORANGE PARK FL
TITLE	VDVP
NAME	POWELL, PEGGY
STREET ADDRESS	2965 FOREST CIRCLE
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	S
NAME	TURNER, ANNE
STREET ADDRESS	11076 ALUMNI WAY
CITY-ST-ZIP	JACKSONVILLE FL 32240
TITLE	D
NAME	MCCULLAGH, LENORE
STREET ADDRESS	2735 HOLLYPOINT RD E
CITY-ST-ZIP	ORANGE PARK, FL 00000
TITLE	D
NAME	DAVIDSON, MARY
STREET ADDRESS	2747 FOREST MILL LN
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	T
NAME	ANDERSON, PATRICIA
STREET ADDRESS	1275 NORWICH RD.
CITY-ST-ZIP	JACKSONVILLE, FL 00000 FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Anderson* **PATRICIA A ANDERSON** **1/20/95** **904-737-6412**