

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **04/11/1960**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-1772426**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: RHODES, BRENDA STREET ADDRESS: 2734 RAINBOW CIRCLE NO CITY-ST-ZIP: ORANGE PARK FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: Edith Vanderhoek 1.3 STREET ADDRESS: 4045 Coquina Dr 1.4 CITY-ST-ZIP: Jacksonville Beach, FL 32250
TITLE: VDVP	NAME: POWELL, PEGGY STREET ADDRESS: 2965 FOREST CIRCLE CITY-ST-ZIP: JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Director/Vice Pres. 2.2 NAME: Brenda Rhodes 2.3 STREET ADDRESS: 2734 Rainbow Circle N. 2.4 CITY-ST-ZIP: Jacksonville, FL 32217
TITLE: S	NAME: TURNER, ANNE STREET ADDRESS: 11076 ALUMNI WAY CITY-ST-ZIP: JACKSONVILLE FL 32246	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____
TITLE: D	NAME: MCCULLAGH, LENORE STREET ADDRESS: 2735 HOLLYPOINT RD E CITY-ST-ZIP: ORANGE PARK, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Director 4.2 NAME: Peggy Powell 4.3 STREET ADDRESS: 2965 Star Circle 4.4 CITY-ST-ZIP: Jacksonville, FL 32257
TITLE: D	NAME: DAVIDSON, MARY STREET ADDRESS: 2747 FOREST MILL LN CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: Director 5.2 NAME: Roger Clark 5.3 STREET ADDRESS: 9869 Heckscher Dr 5.4 CITY-ST-ZIP: Jacksonville, FL 32226
TITLE: T	NAME: ANDERSON, PATRICIA STREET ADDRESS: 1275 NORWICH RD. CITY-ST-ZIP: JACKSONVILLE, FL 00000 FL 32207	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 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 119.07(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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Patricia Anderson**
Date: **1/23/96** Daytime Phone #: **904-737-6412**

CR2E037 (12/95)