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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/11/1960

4. FEI Number 59-1772426	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<i>Corresponding Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERHOEK, EDITH	1.2 NAME	
STREET ADDRESS	4045 COQUINA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, BRENDA	2.2 NAME	
STREET ADDRESS	2734 RAINVOW CIRCLE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ANNE	3.2 NAME	
STREET ADDRESS	11076 ALUMNI WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, PEGGY	4.2 NAME	
STREET ADDRESS	2965 FOR CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<i>President</i> <input type="checkbox"/> DELETE	5.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, ROGER	5.2 NAME	
STREET ADDRESS	9869 HECKSCHER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, PATRICIA	6.2 NAME	
STREET ADDRESS	1275 NORWICH RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **1-7-98** **904-737-6412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)