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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90046 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700775

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/11/1960	4. FEI Number 59-1772426	Applied For 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		

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 FL
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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 S	<input checked="" type="checkbox"/> DELETE NAME VANDERHOEK, EDITH. STREET ADDRESS 4045 COQUINA DRIVE CITY-ST-ZIP JACKSONVILLE BEACH FL	1.1 TITLE S Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Patricia Murphy 1.3 STREET ADDRESS 6311 Kallow Dr 1.4 CITY-ST-ZIP Jacksonville, FL 32216
TITLE D	<input type="checkbox"/> DELETE NAME RHODES, BRENDA STREET ADDRESS 2734 RAINVOW CIRCLE NORTH CITY-ST-ZIP JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	<input type="checkbox"/> DELETE NAME TURNER, ANNE STREET ADDRESS 11076 ALUMNI WAY CITY-ST-ZIP JACKSONVILLE FL 32246	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE NAME POWELL, PEGGY STREET ADDRESS 2965 FOR CIRCLE CITY-ST-ZIP JACKSONVILLE FL	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	<input type="checkbox"/> DELETE NAME CLARK, ROGER STREET ADDRESS 9869 HECKSCHER DRIVE CITY-ST-ZIP JACKSONVILLE FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> DELETE NAME ANDERSON, PATRICIA STREET ADDRESS 1275 NORWICH RD. CITY-ST-ZIP JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Patricia Anderson SIGNATURE REQUIRED 3-17-99 (904) 737-6412
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRET

CR2EN37 (11/99)