2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # 700775** 1. Entity Name DUVAL AUDUBON SOCIETY, INC. 03-06-2001 90342 046 ****61.25 Mailing Address Principal Place of Business DUVAL AUDUBON SOCIETY 1275 NORWICH RD 2965 FOREST CIRCLE JACKSONVILLE FL 32207 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1772426 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) POWELL, MRS FITZHUGH 2965 FOREST CIR JACKSONVILLE FL 32257 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE TITLE ☐ Delete Corresponding Secretary MURPHY, PATRICIA NAMÉ NAME Linda Bremer ---_ STREET ADDRESS 6311 KELLOW DR STREET ADDRESS 1530 Mayfair Road CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32216 Jacksonville, FL 32207 ☐ Change ☐ Addition TITLE ☐ Detete TITLE SANFORD, ROBERT NAME NAME STREET ADDRESS 2731 RAINBOW CIRCLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TURNER, ANNE----NAME NAME 11076 ALUMNI WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32246 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE POWELL, PEGGY NAME NAME STREET ADDRESS 2965 FOR CIRCLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change Addition 🔀 Delete TITLE TITLE CLARK, ROGER NAME NAME 9869 HECKSCHER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ANDERSON, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 1275 NORWICH RD.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

JACKSONVILLE FL

CITY-ST-ZIP

Fricia Anderson 3-3-01

Directors 1999-2001

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