

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90353 005 ****61.25

0004987

DOCUMENT # 700775
 1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEE Number: **59-1772426** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**POWELL, MRS FITZHUGH
 2965 FOREST CIR
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	RS	<input type="checkbox"/> Delete
NAME	MURPHY, PATRICIA	
STREET ADDRESS	6311 KELLOW DR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32216	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANFORD, ROBERT	
STREET ADDRESS	2731 RAINBOW CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TURNER, ANNE	
STREET ADDRESS	11076 ALUMNI WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, PEGGY	
STREET ADDRESS	2965 FOR CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNUM, KAREN	
STREET ADDRESS	4802 LONGVIEW ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, PATRICIA	
STREET ADDRESS	1275 NORWICH RD.	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JODY	
STREET ADDRESS	12641 N SHOAL CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREMER, LINDA	
STREET ADDRESS	1530 MAYFAIR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CAROLE	
STREET ADDRESS	7473 CARRIAGE SIDE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, MILDRED	
STREET ADDRESS	3435 ROSEMARY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONSEY, DAVID	
STREET ADDRESS	2787 FRONTIER AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32065	

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.

SIGNATURE: *Patricia Murphy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/02** Daytime Phone #: **904 727-2624**

CR2E037 (9/01)

Attachment
Document #

1700775

D
CROWLEY, NANCY
12868 MEAD LANDING
JACKSONVILLE FL 32223

D
ABERCROMBIE, MILDRED
4368 PHILLIPS PLACE
JACKSONVILLE FL 32207

D
GODFREY, KAY
P.O. BOX 8534
JACKSONVILLE FL 32239

D
JOHNSON, PETER
4880 N FORD PLACE
JACKSONVILLE FL 32257

D
KNAPP, KENNETH, DR.
2196 AVIAN PLACE
JACKSONVILLE FL 32224