


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90006 001 \*\*\*\*61.25

<b>DOCUMENT # 700775</b>				
1. Entity Name <b>DUVAL AUDUBON SOCIETY, INC.</b>				
Principal Place of Business 1275 NORWICH RD JACKSONVILLE, FL 32207 US		Mailing Address DUVAL AUDUBON SOCIETY 2965 FOREST CIRCLE JACKSONVILLE, FL 32257 US		
2. Principal Place of Business <b>2965 Forest Circle</b>		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State <b>Jacksonville, FL</b>		City & State		
Zip <b>32257</b>	Country <b>US</b>	Zip	Country	
4. FEI Number <b>59-1772426</b>		Applied For Not Applicable		
5. Certificate of Status Desired <b>No Thanks</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>POWELL, MRS FITZHUGH 2965 FOREST CIR JACKSONVILLE, FL 32257</b>		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City	Zip Code	
<b>FL</b>				
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	RS MURPHY, PATRICIA 6311 KELLOW DR JACKSONVILLE BEACH, FL 32216	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	P SANFORD, ROBERT 9418 WEXFORD RD. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	CS BREMER, LINDA 1530 MAYFAIR RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	<del>D POWELL, PEGGY 2965 FOR CIRCLE JACKSONVILLE, FL</del>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D CROWLEY, NANCY 7473 CARRIAGE SIDE CT. JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	T ANDERSON, PATRICIA 1275 NORWICH RD. JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>Treasurer Anne Turner.</b>
STREET ADDRESS			STREET ADDRESS	<b>11076 Alumni Way</b>
CITY-ST-ZIP			CITY-ST-ZIP	<b>Jacksonville, FL</b>
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: <u>Anne D Turner</u>		Date: <u>2/14/04</u> Daytime Phone #: <u>904 6426395</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		