


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 700775 1. Entity Name DUVAL AUDUBON SOCIETY, INC.	
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Principal Place of Business 2965 FOREST CIRCLE, JACKSONVILLE, FL 32257 US	Mailing Address DUVAL AUDUBON SOCIETY 2965 FOREST CIRCLE JACKSONVILLE, FL 32257 US
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01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1772426	Applied Not App
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POWELL, MRS FITZHUGH
 2965 FOREST CIR
 JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

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

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	RS
NAME	MURPHY, PATRICIA
STREET ADDRESS	6311 KELLOW DR
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32216
TITLE	P
NAME	ROYCE, LESLEY
STREET ADDRESS	4520 FULTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	ADAMS, CAROLE
STREET ADDRESS	7473 CARRIAGE SIDE COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	POWELL, PEGGY
STREET ADDRESS	2965 FOR CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	CROWLEY, NANCY
STREET ADDRESS	7473 CARRIAGE SIDE CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T
NAME	TURNER, ANNE
STREET ADDRESS	11076 ALMUNI WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 01/25/06-80025-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Enclosure, if changed, or on an attachment with an address, with all other like empowered.

Anne Turner