


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700775</b> 1. Entity Name <b>DUVAL AUDUBON SOCIETY, INC.</b>	
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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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01202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

POWELL, MRS FITZHUGH  
2965 FOREST CIR  
JACKSONVILLE, FL 32257

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relinquishing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

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

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01/30/07-80044-013 61.25

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

**SIGNATURE:** *Anne Turner*