

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90050 026 ****61.25



DOCUMENT # 700775

1. Entity Name
DUVAL AUDUBON SOCIETY, INC.

Principal Place of Business
 2965 FOREST CIRCLE.
 JACKSONVILLE, FL 32257 US

Mailing Address
 DUVAL AUDUBON SOCIETY
 2965 FOREST CIRCLE
 JACKSONVILLE, FL 32257 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1772426

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, MRS FITZHUGH
 2965 FOREST CIR
 JACKSONVILLE, FL 32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida 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	P	<input type="checkbox"/> Delete
NAME	ROYCE, LESLEY	
STREET ADDRESS	4520 FULTON ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ADAMS, CAROLE	
STREET ADDRESS	7473 CARRIAGE SIDE COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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	CROWLEY, NANCY	
STREET ADDRESS	7473 CARRIAGE SIDE CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, ANNE	
STREET ADDRESS	11076 ALMUNI WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Carole	
STREET ADDRESS	7473 Carriage Side Court	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	Jump, Denise Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jump, Denise	
STREET ADDRESS	7089 N. Hanson Dr.	
CITY-ST-ZIP	Jacksonville FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ann D Turner*