

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703810 (2)
1. Corporation Name
FLORIDA AUDUBON SOCIETY



Principal Place of Business Mailing Address
460 HIGHWAY 436 460 HIGHWAY 436
STE 200 STE 200
CASSELBERRY FL 32707 CASSELBERRY FL 32707

3. Date Incorporated or Qualified 03/30/1962
3a. Date of Last Report 02/08/1995
4. FEI Number 59-0245495
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
YOKEL BERNARD x R x R x Clay Henderson
460 HIGHWAY 436
STE 200
CASSELBERRY FL 32707
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] January 19, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, PETER C.H.	1.2 NAME	
STREET ADDRESS	401 S. CENTRAL AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHARLES	2.2 NAME	
STREET ADDRESS	216 W. SABAL PALM PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKEL BERNARD x R x R x	3.2 NAME	Clay Henderson
STREET ADDRESS	19 ROND DR	3.3 STREET ADDRESS	1012 S Riverside Dr.
CITY-ST-ZIP	MOUNT DORA FL	3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTEN RIX x	4.2 NAME	Capt. Ed Davidson
STREET ADDRESS	1084 SW 33RD RD	4.3 STREET ADDRESS	10800 Overseas Highway
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Marathon, FL 33050
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACADAM GIL	5.2 NAME	Nancy Prine
STREET ADDRESS	611 NE 57TH COURT	5.3 STREET ADDRESS	655 Terrace Blvd.
CITY-ST-ZIP	PT LANDERDALE FL	5.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Trudy Bernard
STREET ADDRESS		6.3 STREET ADDRESS	2 Paddock Cr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tequesta, FL 33469

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] January 19, 1996 407-260-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #
Clay Henderson

CR2E037 (12/95)