

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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



|  |  |
|--|--|
| Principal Place of Business<br>1331 PALMETTO AVE.<br>110<br>WINTER PARK FL 32789<br>US | Mailing Address<br>1331 PALMETTO AVE.<br>110<br>WINTER PARK FL 32789<br>US |
|--|--|

3. Date Incorporated or Qualified  
03/30/1962

4. FEI Number  
59-0245495

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>28 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

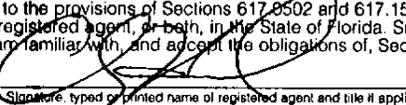
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
HENDERSON, CLAY  
1331 PALMETTO AVE.  
#110  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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  (NOTE: Registered Agent signature required when reinstating) DATE 1-25-78

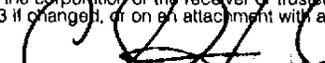
12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | V                       | <input type="checkbox"/> DELETE |
| NAME           | LEE, CHARLES            |                                 |
| STREET ADDRESS | 216 W. SABAL PALM PLACE |                                 |
| CITY-ST-ZIP    | LONGWOOD FL             |                                 |
| TITLE          | P                       | <input type="checkbox"/> DELETE |
| NAME           | HENDERSON, CLAY         |                                 |
| STREET ADDRESS | 1012 S. RIVERSIDE DR.   |                                 |
| CITY-ST-ZIP    | NEW SMYRNA BEACH FL     |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | DAVIDSON, CAPT. ED      |                                 |
| STREET ADDRESS | 10800 OVERSEAS HIGHWAY  |                                 |
| CITY-ST-ZIP    | MARATHON FL             |                                 |
| TITLE          | T                       | <input type="checkbox"/> DELETE |
| NAME           | FROHMAN, GARY           | Active                          |
| STREET ADDRESS | 442 VITRIA AVE.         |                                 |
| CITY-ST-ZIP    | CORAL GABLES FL         |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | BERNARD, TRUDY          |                                 |
| STREET ADDRESS | 2 PADDOCK CR.           |                                 |
| CITY-ST-ZIP    | TEQUESTA FL             |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 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:  7-3-98 407-579-5706

CR2E037 (10/97)