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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703810

1. Corporation Name
FLORIDA AUDUBON SOCIETY

Principal Place of Business 1331 PALMETTO AVE. 110 WINTER PARK FL 32789 US	Mailing Address 1331 PALMETTO AVE. 110 WINTER PARK FL 32789 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/30/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number -59-0245495- Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENDERSON, CLAY 1331 PALMETTO AVE. #110 WINTER PARK FL 32789		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Addition
NAME	LEE, CHARLES	1.2 NAME	D Cliff Guillet
STREET ADDRESS	216 W. SABAL PALM PLACE	1.3 STREET ADDRESS	315 Park Place, Altamonte, FL 327
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, CLAY	2.2 NAME	TURVILLE, HAL
STREET ADDRESS	1012 S. RIVERSIDE DR.	2.3 STREET ADDRESS	150 W. MINNEHAHA
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	CLERMONT, FL. 34711
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, CAPT. ED	3.2 NAME	
STREET ADDRESS	10800 OVERSEAS HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHMAN, GARY	4.2 NAME	address change
STREET ADDRESS	442 VITTRIA AVE.	4.3 STREET ADDRESS	Gary Frohman,
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	6275 SW 121st.ST.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Pinecrest, Fl. 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD, TRUDY	5.2 NAME	
STREET ADDRESS	2 PADDOCK CR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)

3-25-99 407.539.5700