FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

(1)

DOCUMENT # 730962 (8)

1. Corporation Name

FLORIDA ORNITHOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
% LINDA DOUGLAS, TREAS. 3675 1ST AVE. NW NAPLES FL 33964-2709	% LINDA DOUGLAS, TREAS. 3675 1ST AVE. NW NAPLES FL 33964-2709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1974

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1869360 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DOUGLAS, LINDA C.
3675 1ST AVE. NW
NAPLES FL 33964

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	LOHRER, FRED	1.2 NAME	
STREET ADDRESS	ARCHBOLD BIO.M STA. P.O. BOX 2057	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	33862
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ENGSTROM, R. TODD	2.2 NAME	
STREET ADDRESS	TALL TIMBERS RES. STA, RT 1, BOX 678	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	BOWMAN, REED	3.2 NAME	
STREET ADDRESS	ARCHBOLD BIO. STA., P.O. BOX 2057	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	33862
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, LINDA C	4.2 NAME	
STREET ADDRESS	3675 1ST AVE. NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33964-2709	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MERRITT, PETER G	5.2 NAME	WALTER K. TAYLOR
STREET ADDRESS	P.O. BOX 1954 N/A	5.3 STREET ADDRESS	2415 BAXTER CT.
CITY-ST-ZIP	HOBE SOUND FL 33475-1954	5.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	P	6.1 TITLE	☒ Change ☐ Addition
NAME	WOOLFENDEN, GLEN E	6.2 NAME	
STREET ADDRESS	ARCHBOLD BIO. STA., P.O. BOX 2057	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	6.4 CITY-ST-ZIP	4/3/20 33862

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)(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: Linda C. Douglas LINDA C. DOUGLAS 3/2/94 813/455-8340
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0081748