

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 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24625** (8)

1. Corporation Name

FLAGLER AUDUBON SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
92 FOSTER LN **92 FOSTER LN**
PALM COAST FL 32137 **PALM COAST FL 32137**
US **US**

3. Date Incorporated or Qualified **02/02/1988** 3a. Date of Last Report **02/15/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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 25 29 Zip 30 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. 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

10. Name and Address of New Registered Agent

LAWRENCE, AUSTIN R
92 FOSTER LANE
PALM COAST FL 32137

81 Name **FULL, JEROME**
82 Street Address (P.O. Box Number is Not Acceptable) **9 CROSSBOW LANE**
83
84 City **PALM COAST** FL 85 Zip Code **32137**

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 607.0506, Florida Statutes.

SIGNATURE *Jerome A. Full* DATE **4/24/95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	LAWRENCE, AUSTIN R.
STREET ADDRESS	92 FOSTER LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	VO
NAME	FULL, JEROME
STREET ADDRESS	9 CROSSBOW CT E
CITY-ST-ZIP	PALM COAST FL
TITLE	SO
NAME	WRASSMAN, ROBERTA
STREET ADDRESS	62 COLECHESTER LN
CITY-ST-ZIP	PALM COAST FL
TITLE	TD
NAME	RHAME, FRANK
STREET ADDRESS	1701 N. CENTRAL AVENUE
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	D
NAME	PEEVERS, GERRI
STREET ADDRESS	3580 S. OCEAN SHORE #809
CITY-ST-ZIP	FLAGLER BCH FL
TITLE	D
NAME	SLOAN, JEANNE
STREET ADDRESS	52 PACIFIC DR
CITY-ST-ZIP	PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FULL, JEROME	
1.3 STREET ADDRESS	9 CROSSBOW CT. E	
1.4 CITY-ST-ZIP	PALM COAST, FL 32137	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DE NISE, NANCY	
2.3 STREET ADDRESS	7ELDER PLACE	
2.4 CITY-ST-ZIP	PALM COAST, FL 32137	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KORWEK, JUDITH	
4.3 STREET ADDRESS	27 COOLWATER CT.	
4.4 CITY-ST-ZIP	PALMCOAST, FL 32137	
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 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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome A. Full* DATE: **4/24/95**

Daytime Phone #