

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 # **N24625** (8)

1. Corporation Name
FLAGLER AUDUBON SOCIETY, INC.



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

3. Date Incorporated or Qualified: **02/02/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 9 CROSSBOW CT. E. 22 PALM COAST 23 32137 24 USA**
2a. Mailing Address: **26 9 CROSSBOW CT. E. 27 PALM COAST 28 32137 29 USA**

4. FEI Number: **NOT APPLICABLE**
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

9. Name and Address of Current Registered Agent
**FULL, JEROME
9 CROSSBOW LANE
PALM COAST FL 32137**
Jerome K Full

10. Name and Address of New Registered Agent
**81 Name: Jerome K. Full
82 Street Address (P.O. Box Number is Not Acceptable): 9 Crossbow Ct
83 City: Palm Coast
84 State: FL 85 Zip Code: 32137**

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULL, JEROME	
STREET ADDRESS	9 CROSSBOW CT. E	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENISE, NANCY	
STREET ADDRESS	7 ELDER PLACE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WRASSMAN, ROBERTA	
STREET ADDRESS	62 COLECHESTER LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KORWEK, JUDITH	
STREET ADDRESS	27 COOLWATER CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEEVERS, GERRI	
STREET ADDRESS	3580 S. OCEAN SHORE #809	
CITY-ST-ZIP	FLAGLER BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, JEANNE	
STREET ADDRESS	52 PACIFIC DR	
CITY-ST-ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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: *Jerome K Full* 1/20/96 904 445 1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)