

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24625 (8)

1. Corporation Name
FLAGLER AUDUBON SOCIETY, INC.



Principal Place of Business 99-FOSTER LN 9 Crossbow Ct PALM COAST FL 32137 US	Mailing Address 99-FOSTER LN 9 Crossbow Ct PALM COAST FL 32137 US
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3. Date Incorporated or Qualified 02/02/1988	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 9 Crossbow Ct.	2a. Mailing Address 26 9 Crossbow Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Palm Coast FL	City & State 28 Palm Coast, FL
Zip 24 32137	Country 25 Flagler
	Country 29 32137
	Country 30 Flagler

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FULL, JEROME 9 CROSSBOW LANE PALM COAST FL 32137	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULL, JEROME	1.2 NAME	
STREET ADDRESS	9 CROSSBOW CT. E	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE, NANCY	2.2 NAME	
STREET ADDRESS	7 ELDER PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRASSMAN, ROBERTA	3.2 NAME	Carolyn Weldon
STREET ADDRESS	62 COLECHESTER LN	3.3 STREET ADDRESS	27 Ellsworth Drive
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORWEK, JUDITH	4.2 NAME	
STREET ADDRESS	27 COOLWATER CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEVERS, GERRI	5.2 NAME	Mary Mendelson-Scripp
STREET ADDRESS	3580 S. OCEAN SHORE #809	5.3 STREET ADDRESS	14 Curry Ct.
CITY-ST-ZIP	FLAGLER BCH FL	5.4 CITY-ST-ZIP	Palm Coast FL 32137
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, JEANNE	6.2 NAME	Allan Farver
STREET ADDRESS	52 PACIFIC DR	6.3 STREET ADDRESS	STAR RT 532P
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	Bunnell, FL 32110

14. I do 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: *Jerome K. Full* **1/28/97** **904445-1102**

CR2E037 (9/96)