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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 9 CROSSBOW COURT, PALM COAST FL 32137, US
Mailing Address: 9 CROSSBOW COURT, PALM COAST FL 32137, US

3. Date Incorporated or Qualified: 02/02/1988
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21. 16 Claymont Court
22. Suite, Apt. #, etc.
23. Palm Coast Florida
24. 32137
25. USA
26. 16 Claymont Court
27. Suite, Apt. #, etc.
28. Palm Coast Florida
29. 32137
30. USA

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: LEARY, DOROTHY
82. Street Address (P.O. Box Number is Not Acceptable): 16 CLAYMONT COURT
83.
84. City: PALM COAST FL 85. Zip Code: 32137

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: Dorothy Leary, Dorothy Leary
Date: 3/5/98

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	WELDON, CAROLYN	
STREET ADDRESS	27 ELLSWORTH DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KORWEK, JUDITH	ok as is
STREET ADDRESS	27 COOLWATER CT.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENDELSON-SCRIPP, MARY	ok as is
STREET ADDRESS	14 CURRY STREET	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERVER, ALLAN	
STREET ADDRESS	STAR RT. 532P	
CITY-ST-ZIP	BUNNELL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEARY, DOROTHY	
1.3 STREET ADDRESS	16 CLAYMONT COURT	
1.4 CITY-ST-ZIP	PALM COAST FL 32137	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCRIPP III, JOHN L.	
2.3 STREET ADDRESS	14 CURRY COURT	
2.4 CITY-ST-ZIP	PALM COAST FL 32137	
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DUGGINS, GAIL	
3.3 STREET ADDRESS	5500 JOHN ANDERSON	
3.4 CITY-ST-ZIP	FLAGLER BEACH FL 32136	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FULL, JEROME	
6.3 STREET ADDRESS	9 CROSSBOW COURT EAST	
6.4 CITY-ST-ZIP	PALM COAST FL 32137	

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.

SIGNATURE: Dorothy Leary
Date: 3/5/98 (904)445-2574

CR2E037 (10/97)