


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 045 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N24625

1. Corporation Name
FLAGLER AUDUBON SOCIETY, INC.

| | |
|--|--|
| Principal Place of Business 16 CLAYMONT CT PALM COAST FL 32137 US | Mailing Address 16 CLAYMONT CT PALM COAST FL 32137 US |
|--|--|

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| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 02/02/1988 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number NOT APPLICABLE |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

9. Name and Address of Current Registered Agent

LEARY
LARRY, DOROTHY
16 CLAYMONT CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 DOROTHY LEARY Dorothy Leary 1/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FULL, JEROME | |
| STREET ADDRESS | 9 CROSSBOW CT. E | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | DENISE, NANCY | |
| STREET ADDRESS | 7 ELDER PLACE | |
| CITY-ST-ZIP | PALM COAST FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | WELDON, CAROLYN | |
| STREET ADDRESS | 27 ELLSWORTH DRIVE | |
| CITY-ST-ZIP | PALM COAST FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | KORWEK, JUDITH | |
| STREET ADDRESS | 27 COOLWATER CT. | |
| CITY-ST-ZIP | PALM COAST FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MENDELSON-SCRIPP, MARY MEMBERSHIP | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DOROTHY LEARY | |
| 1.3 STREET ADDRESS | 16 CLAYMONT CT. | |
| 1.4 CITY-ST-ZIP | PALM COAST FL 32137 | |
| 2.1 TITLE | TREAS. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JULIUS GOODMAN | |
| 2.3 STREET ADDRESS | #6 FANNWOOD CT. | |
| 2.4 CITY-ST-ZIP | PALM COAST FL. 32137 | |
| 3.1 TITLE | SECRETARY CATHLEEN MATHEN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | MATHEN | |
| 3.3 STREET ADDRESS | P.O. BOX 2211 BUNNELL FL. | |
| 3.4 CITY-ST-ZIP | 32110-2211 | |
| 4.1 TITLE | VICE PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JOE GRECO | |
| 4.3 STREET ADDRESS | 56 BARRISTER LN. | |
| 4.4 CITY-ST-ZIP | PALM COAST, 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 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, with all other like empowered.

SIGNATURE: DOROTHY LEARY Dorothy Leary 1/22/99 1-904-445-2574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)