

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90058 007 ****61.25

DOCUMENT # N24625

1. Entity Name

FLAGLER AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

**16 CLAYMONT CT
 PALM COAST FL 32137
 US**

**8 WOODWORTH DRIVE
 PALM COAST FL 32164**

2. Principal Place of Business

4 CLEE COURT

3. Mailing Address

P.O. BOX 350695

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST FL

City & State

PALM COAST, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32135-0695

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEVERS, GERALDINE
 8 WOODWORTH DRIVE
 PALM COAST FL 32164**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **GERALDINE PEEVERS**

Geraldine Peever

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PP** Delete
 NAME **LEARY, DOROTHY**
 STREET ADDRESS **23 HEMBURY LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **DIRECTOR** Change Addition
 NAME **MIKE TREBILCOCK**
 STREET ADDRESS **1945 DAYTONA AVE**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **T** Delete
 NAME **GOODMAN, JULIUS**
 STREET ADDRESS **6 FANWOOD COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **TREASURER** Change Addition
 NAME **JOE SHIELDS**
 STREET ADDRESS **30 CROSSTIE COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** Delete
 NAME **CULPEPPER, JANE**
 STREET ADDRESS **PO BOX 235204**
 CITY-ST-ZIP **PALM COAST FL 32135**

TITLE **DIRECTOR** Change Addition
 NAME **BETTY ELMAN**
 STREET ADDRESS **1 FERNHAM LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** Delete
 NAME **FULL, JERRY**
 STREET ADDRESS **9 CROSSBOW COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **PEEVERS, GERALDINE**
 STREET ADDRESS **8 WOODWORTH DRIVE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COVP** Delete
 NAME **DZIAK, JOE**
 STREET ADDRESS **4 CLEE COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **PALM COAST FL 32137**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GERALDINE PEEVERS** *Geraldine Peever* 1-15-02 386-252-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)