


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91002 008 ****61.25

DOCUMENT # N24625
 1. Entity Name
FLAGLER AUDUBON SOCIETY, INC.



Principal Place of Business: **4 CLEE COURT PALM COAST FL 32137 US**
 Mailing Address: **P.O. BOX 350695 PALM COAST FL 32135-0695**

2. Principal Place of Business: **9 Cross bow Court**
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **Palm Coast, Florida**
 Zip: **32137-8909** Country: **USA**



-MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
DZIAK, JOSEPH
4 CLEE CT.
PALM COAST FL 32137

4. FEI Number: **NO-T APPLICABLE**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: **Jerome K. Full**
 Street Address (P.O. Box Number is Not Acceptable): **9 Crossbow Court**
 City: **Palm Coast** State: **FL** Zip Code: **32137-8909**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *[Signature]* DATE: **4/19/04**

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: SHIELDS, JOE STREET ADDRESS: 30 CROSSTIE COURT CITY-ST-ZIP: PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE: ELMAN, BETTY STREET ADDRESS: 1 FERNHAM LANE CITY-ST-ZIP: PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE: TREBILOCK, MIKE STREET ADDRESS: 1945 DAYTONA AVE CITY-ST-ZIP: FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Delete
TITLE: DZIAK, JOSEPH STREET ADDRESS: 4 CLEE CT. CITY-ST-ZIP: PALM COAST FL 32137	<input checked="" type="checkbox"/> Delete
TITLE: LEVINE, ARNOLD STREET ADDRESS: 14 CLEMENTON LANE CITY-ST-ZIP: PALM COAST 32 32137	<input type="checkbox"/> Delete
TITLE: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: Jerome K. Full STREET ADDRESS: 9 Crossbow Court CITY-ST-ZIP: Palm Coast, FL 32137-8909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Allan F. Ferver, Jr STREET ADDRESS: 523 N. 10th Street CITY-ST-ZIP: Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: Donald J. White, Jr STREET ADDRESS: 13 Wilderness Run CITY-ST-ZIP: Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: Linda M. White STREET ADDRESS: 13 Wilderness Run CITY-ST-ZIP: Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Lisa Tilton STREET ADDRESS: 7 Senseney Path CITY-ST-ZIP: Palm Coast, FL 32164-5435	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S/D NAME: Veronica Merenda STREET ADDRESS: 13 Pier Ln CITY-ST-ZIP: Palm Coast, FL 32164	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* DATE: **4/19/04** (386) 446-1906