

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90094 040 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Joseph Dziak**  
Street Address (P.O. Box Number is Not Acceptable)  
**4 Clee Ct.**  
City **PALM COAST** FL Zip Code **32137**

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 **Joseph J. Dziak** DATE **2/9/03**  
Signature, typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHIELDS, JOE</b>	
STREET ADDRESS	<b>30 CROSSTIE COURT</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELMAN, BETTY</b>	
STREET ADDRESS	<b>1 FERNHAM LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TREBILOCK, MIKE</b>	
STREET ADDRESS	<b>1945 DAYTONA AVE</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL 32136</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEEVERS, GERALDINE</b>	
STREET ADDRESS	<b>8 WOODWORTH DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32164</b>	
TITLE	<b>COVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DZIAK, JOE</b>	
STREET ADDRESS	<b>4 CLEE COURT</b>	
CITY-ST-ZIP	<b>PALM COAST 32 32137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph Dziak</b>	
STREET ADDRESS	<b>4 Clee Ct</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>V-Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arnold Levine</b>	
STREET ADDRESS	<b>14 Clementon Ln.</b>	
CITY-ST-ZIP	<b>PALM COAST, FL 32137</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Joseph J. Dziak** 2/9/03 386-445-8490

CR2E037 (10/02)