

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700775

FILED
Feb 16, 2009
Secretary of State

Entity Name: DUVAL AUDUBON SOCIETY, INC.

Current Principal Place of Business:

2965 FOREST CIRCLE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

DUVAL AUDUBON SOCIETY
2965 FOREST CIRCLE
JACKSONVILLE, FL 32257 US

New Mailing Address:

DUVAL AUDUBON SOCIETY
P. O. BOX 16304
JACKSONVILLE, FL 32245 US

FEI Number: 59-1772426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, MRS FITZHUGH
2965 FOREST CIR
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RS () Delete
Name: MURPHY, PATRICIA
Address: 6311 KELLOW DR
City-St-Zip: JACKSONVILLE BEACH, FL 32216

Title: P () Delete
Name: ROYCE, LESLEY
Address: 4520 FULTON ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: ADAMS, CAROLE
Address: 7473 CARRIAGE SIDE COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: POWELL, PEGGY
Address: 2965 FOR CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: CROWLEY, NANCY
Address: 7473 CARRIAGE SIDE CT.
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: TURNER, ANNE
Address: 11076 ALMUNI WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ADAMS, CAROLE
Address: 7473 CARRIAGE SIDE CT.
City-St-Zip: JACKSONVILLE, FL 32256

Title: V-P (X) Change () Addition
Name: JUMP, DENISE
Address: 7089 HANSON DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: POWELL, PEGGY
Address: 2965 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE TURNER

TR

02/16/2009

Electronic Signature of Signing Officer or Director

Date