

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701780 (9)
1. Corporation Name
TROPICAL AUDUBON SOCIETY INCORPORATED

Principal Place of Business 5530 SUNSET DRIVE MIAMI FL 33143	Mailing Address 5530 SUNSET DRIVE MIAMI FL 33143
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1960	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6147345	Applied For Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BENSON, LINDA
5530 SUNSET DR.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when filing.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	OLLE, DENNIS 934 ANDRES AVENUE CORAL GABLES FL
TITLE VD	LYSINGER, DAVID 1225 CASTLE AVE. CORAL GABLES FL 33134
TITLE VD	SARGFIELD, KEVIN 950 VIERA AVE. CORAL GABLES FL 33146
TITLE VD	KELLEY, ROBERT 5471 SW 78 STREET #B MIAMI FL 33143
TITLE SD	GOODWIN, JEFF 6745 SW. 132 AVE. #211 MIAMI FL 33183
TITLE T	BENSON, LINDA 8202 S.W. 103 AVE. MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President Jean St. John 3300 Biscayne Blvd. Miami, FL 33137
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vice President Jose P. Barros 5825 Blue Rd. Miami, FL 33165
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary Position vacant at this time.
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: Linda Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda Benson, Treasurer

Date: **April 26, 95** (BoS)
Signature: **590-2279**