

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90073 049 ****61.25

0002464

DOCUMENT # 722339

1. Corporation Name

HALIFAX RIVER AUDUBON SOCIETY, INC.

Principal Place of Business

501 N WILD OLIVE AVE
#1
DAYTONA BEACH FL 32118
US

Mailing Address

6118 JASMINE VINE DR
PT ORANGE FL 32114
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

12/27/1971

4. FEI Number

23-7193602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

OGGLESBY, MARIE
1173 HOUDY SHELL RD.
DAYTONA BEACH FL 32199

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WILLIAMS, JOHN**
STREET ADDRESS **717 N PENINSULA DR**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **VD** ☒ DELETE

NAME **FRANCIS, WILLIAM**
STREET ADDRESS **135 DEER LAKE CIR**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE **VD** ☐ DELETE

NAME **CARR, JOHN**
STREET ADDRESS **357 BROOKLINE AVE**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE **S** ☐ DELETE

NAME **OGGLESBY, MARIE**
STREET ADDRESS **1173 HOUDYSHELL ROAD**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **ROBINSON, MORRELL S.**
STREET ADDRESS **6118 JASMINE VINE DR**
CITY-ST-ZIP **PT ORANGE FL**

TITLE **VD** ☐ DELETE

NAME **CERRITO, ANGELO**
STREET ADDRESS **6065 HENSEL RD**
CITY-ST-ZIP **PT ORANGE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MORRELL S. ROBINSON SIGNATURE REQUIRED MORRELL S. ROBINSON 2/3/99 904-760-2192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)