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Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90066 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728045

1. Corporation Name

WEST PASCO AUDUBON SOCIETY, INC.

Principal Place of Business

P.O. BOX 1456
ELFERS FL 34680

Mailing Address

P.O. BOX 1456
ELFERS FL 34680



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/16/1973
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6591636
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FARRIS, CATHERINE C.
10932 BELMONT DR.
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

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

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 CATHERINE C. FARRIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DT <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINNA, TINA	1.2 NAME
STREET ADDRESS 3536 KIMBERLY OAKS DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP HOLIDAY FL 34691	1.4 CITY-ST-ZIP
TITLE DS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONDON, AGNES	2.2 NAME
STREET ADDRESS 3644 GALWAY DR	2.3 STREET ADDRESS
CITY-ST-ZIP NEW PT RICHEY FL	2.4 CITY-ST-ZIP
TITLE DS <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARRIS, KITTY	3.2 NAME
STREET ADDRESS 10932 BELMONT DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP NEW PORT RICHEY FL	3.4 CITY-ST-ZIP
TITLE DP <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URGO, FRANCES	4.2 NAME
STREET ADDRESS 3503 MARGATE DR.	4.3 STREET ADDRESS
CITY-ST-ZIP HOLIDAY FL	4.4 CITY-ST-ZIP
TITLE DVP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, IMOCENE	5.2 NAME
STREET ADDRESS 7022 OELSNER	5.3 STREET ADDRESS
CITY-ST-ZIP NEW PT RICHEY FL	5.4 CITY-ST-ZIP
TITLE FT <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAPP, LORRAINE	6.2 NAME
STREET ADDRESS 4217 HAMPTON DR	6.3 STREET ADDRESS
CITY-ST-ZIP NEW PT RICHEY FL	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)