FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736427 (6)

1. Corporation Name

FRANCIS M. WESTON AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17484 PENSACOLA FL 32522	P.O. BOX 17484 PENSACOLA FL 32522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1976
3a. Date of Last Report: 04/21/1994
4. FEI Number: 51-0204114 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHEPPARD, ALAN C.
220 WEST GARDEN ST., 7TH FL CENTURY BK TWR
PENSACOLA FL 32501

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	FLORY, CAROLYN	1.2 NAME	CASE, EDMOND
STREET ADDRESS	845 MARGE LANE	1.3 STREET ADDRESS	3634 TIGER POINT BLVD
CITY-ST-ZIP	MOLINO FL 32577	1.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	CASE, ED	2.2 NAME	MEAD, RUTH
STREET ADDRESS	3634 TIGER PT. BLVD.	2.3 STREET ADDRESS	7619 BROOK FOREST DR.
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	PENSACOLA, FL 32570
TITLE	TD	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	MILLER, MARY JEAN	3.2 NAME	FULLILOVE, ANN
STREET ADDRESS	5732 SAN GABRIEL DRIVE	3.3 STREET ADDRESS	3550 SUMMIT BLVD
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	S	4.1 TITLE	S/D ☒ Change ☐ Addition
NAME	MEAD, RUTH	4.2 NAME	CASE, LOIS
STREET ADDRESS	7619 BROOK FORREST DRIVE	4.3 STREET ADDRESS	3634 TIGER POINT BLVD
CITY-ST-ZIP	PENSACOLA FL 32570	4.4 CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	SC	5.1 TITLE	S/D ☒ Change ☐ Addition
NAME	NEWMAN, MARY	5.2 NAME	BEASLEY, PAMELA
STREET ADDRESS	407 W LEE STREET	5.3 STREET ADDRESS	3630 BONNER RD
CITY-ST-ZIP	PENSACOLA FL 32501	5.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	CLARK, MORRIS	6.2 NAME	TIMMONS, DANA
STREET ADDRESS	575 BOBWHITE DR	6.3 STREET ADDRESS	1012 E. LAKEVIEW #3
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA FL 32501

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 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.

SIGNATURE: Edmond G. Case 2/27/95 (904)934-4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDMOND G. CASE

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