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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 07/22/1976

4. FEI Number: 51-0204114 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 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 _____ 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	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CASE, EDMOND		1.2 NAME	TIMMONS, DANA	
STREET ADDRESS	3634 TIGER POINT BLVD		1.3 STREET ADDRESS	PO BOX 9283	N/A
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32513	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	FULLILOVE, ANN		2.2 NAME	CASE, EDMOND	
STREET ADDRESS	3550 SUMMIT BLVD		2.3 STREET ADDRESS	3634 TIGER POINT BLVD	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	BERRY, PHIL		3.2 NAME	FORSTER, ANN	
STREET ADDRESS	4116 LONGWOOD DRIVE		3.3 STREET ADDRESS	PO BOX 16418	N/A
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLAKEBURN, PAUL		4.2 NAME	FRENCH, JERG	
STREET ADDRESS	4178 EAST VIEW PL		4.3 STREET ADDRESS	2738 SUNRUNNER LANE	
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	JONES, MOLLY		5.2 NAME	KELLY, BETH	
STREET ADDRESS	915 SPRING ST		5.3 STREET ADDRESS	2721 SEMORAN DR	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	TIMMONS, DANA		6.2 NAME	BRADY, JIM	
STREET ADDRESS	1812 E LAKEVIEW #3		6.3 STREET ADDRESS	6904 KITTY HAWK DR	
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	PENSACOLA, FL 32506	

CR2E037 (10/97)

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.

SIGNATURE: Ann J Forster ANN T. FORSTER [SD] 6 FEB 98 850-456-4421