**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 23, 1999 8:00 am**
**Secretary of State**
02-23-1999 90034 021 ****61.25

0076343

DOCUMENT # 736427

1. Corporation Name
FRANCIS M. WESTON AUDUBON SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 17484<br>PENSACOLA FL 32522 | P.O. BOX 17484<br>PENSACOLA FL 32522 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>07/22/1976 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>51-0204114 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 | TIMMONS, DANA | | 1.2 NAME | Timmons, DANA | |
| STREET ADDRESS | P O BOX 9283 N/A | | 1.3 STREET ADDRESS | 2549 SeaRobin Rd | |
| CITY-ST-ZIP | PENSACOLA FL 32513 | | 1.4 CITY-ST-ZIP | Pensacola, FL 32526 | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASE, EDMOND | | 2.2 NAME | | |
| STREET ADDRESS | 3634 TIGER POINT BLVD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | FORSTER, ANN | | 3.2 NAME | Forster, Ann | |
| STREET ADDRESS | P O BOX 16418 N/A | | 3.3 STREET ADDRESS | 447 Creary St. | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 3.4 CITY-ST-ZIP | Warrington, FL 32507 | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRENCH, JERE | | 4.2 NAME | | |
| STREET ADDRESS | 2738 SUNRUNNER LN | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | | 4.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KELLY, BETH | | 5.2 NAME | | |
| STREET ADDRESS | 2721 SEMORAN DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRADY, JIM | | 6.2 NAME | | |
| STREET ADDRESS | 6904 KITTY HAWK DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA FL 32506 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** S[illegible] REQUIRED 1-13-99 (850)433-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #