2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736427

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90096 043 ****61.25

1. Entity 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 32522-7484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0204114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPPARD, ALAN C. 220 WEST GARDEN ST., 7TH FL CENTURY BK TWR PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TIMMONS, DANA 447 CREARY ST WARRINGTON FL 32507	☐ Delete	PD JAMES BRADY 6904 KITTY HAWK DR PENSACOLA FL 32506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASE, EDMOND 3634 TIGER POINT BLVD GULF BREEZE FL 32561	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FORSTER, ANN P O BOX 16418 N/A PENSACOLA FL 32507	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRENCH, JERE 2738 SUNRUNNER LN GULF BREEZE FL 32561	☐ Delete	VD DANA TIMMONS 2549 SEAROBIN RD PENSACOLA FL 32526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY, BETH 2721 SEMORAN DR PENSACOLA FL 32501	☐ Delete	SD BETSY TETLOW 3435 BLUERIDGE DR PENSACOLA FL 32504	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADY, JIM 6904 KITTY HAWK DR PENSACOLA FL 32506	☐ Delete	D MORRIS CLARK 609 TIMBER RIDGE RD PENSACOLA FL 32534	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMOND G. CASE, TREASURER _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR