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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # 746868 (9)

1. Corporation Name
ST. JOHN'S COUNTY AUDOBON SOCIETY, INC.

Principal Place of Business	Mailing Address
KING ST BOX 965 ST. AUGUSTINE FL 32085-0965	KING ST BOX 965 ST. AUGUSTINE FL 32085-0965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2289969 ☐ 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. 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

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 / Country 24 / 25	Zip / Country 29 / 30 USA

9. Name and Address of Current Registered Agent

SCOFIELD, ANNA
203 MAPLE RD
ST AUGUSTINE FL 32806

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 Anna Scofield
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	PD	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	GILBERT, GREG	1.2 NAME	WILLIAM W. MCQUILKIN, JR.
STREET ADDRESS	143 ONEIDA ST.	1.3 STREET ADDRESS	P.O. BOX 426 N/A
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004
TITLE	VD	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	CHAREST, BERT	2.2 NAME	ROGER VAN GHENT
STREET ADDRESS	110 NEPTUNE RD	2.3 STREET ADDRESS	4605 MOULTRIE FORESIDE BLVD.
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POLAK, SHEILAH	3.2 NAME	
STREET ADDRESS	32 CINCINNATI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CAIN-STAGE, MELANIE	4.2 NAME	
STREET ADDRESS	206 HERMOSA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	SCOFIELD, ANNA	5.2 NAME	
STREET ADDRESS	203 MAPLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	DR. ROBERT P. STOLL
STREET ADDRESS		6.3 STREET ADDRESS	19 LITTLE BAY HARBOR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

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 added to an additional with an address.

SIGNATURE: William W. McQuilkin, Jr. PRESIDENT 2/18/95 904-273-8915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0032752