FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **04/24/1979**
3a. Date of Last Report: **02/20/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: PIERONI, J C
82 Street Address (P.O. Box Number is Not Acceptable): 402 MADRUGA AVE
83:
84 City: ST AUGUSTINE **FL** 85 Zip Code: 32084

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: J. C. PIERONI — J C Pieroni — 2/8/96
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	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCQUILKIN, WILLIAM W JR.		1.2 NAME		
STREET ADDRESS	P.O. BOX 426 N/A		1.3 STREET ADDRESS	225 Lamplighter Ln	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VANGHENT, ROGER		2.2 NAME		
STREET ADDRESS	4005 MOULTRIE FORESIDE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	POLAK, SHEILAH		3.2 NAME	Caspon, Sally	
STREET ADDRESS	32 CINCINNATI AVE		3.3 STREET ADDRESS	850 A1A Beach Blvd #12	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	St Augustine FL	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CAIN-STAGE, MELANIE		4.2 NAME		
STREET ADDRESS	206 HERMOSA		4.3 STREET ADDRESS	3285 St Ambrose Church Rd	
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	Elkton FL	
TITLE	TD	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	SCOFIELD, ANNA		5.2 NAME	Pieroni, J C	
STREET ADDRESS	203 MAPLE RD		5.3 STREET ADDRESS	402 Madruga Ave	
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP	St Augustine, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STOLL, DR. ROBERT P		6.2 NAME		
STREET ADDRESS	19 LITTLE BAY HARBOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: J C Pieroni — 2/8/96 — 904-794-4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #