**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**
**AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).**

FILED
Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>BOX 965<br>ST. AUGUSTINE FL 32085-0965 | KING ST<br>BOX 965<br>ST. AUGUSTINE FL 32085-0965 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/24/1979 | 3a. Date of Last Report: 02/14/1996 |
| 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 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

PIERONI, JC
402 MADRUGA AVE
ST AUGUSTINE FL 32806

10. Name and Address of New Registered Agent

81 Name: John J. Webber
82 Street Address (P.O. Box Number is Not Acceptable): 1033 Prince Road
83
84 City: St. Augustine FL 85 Zip Code: 32086

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: John J. Webber — John J. Webber, Treasurer — 8/15/97
(Signature, type 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 | 225 LAMPLIGHTER LN | | 1.3 STREET ADDRESS | | |
| 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 | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASPAN, SALLY | | 3.2 NAME | | |
| STREET ADDRESS | 850 A1A BEACH BLVD #12 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CAIN-STAGE, MELANIE | | 4.2 NAME | | |
| STREET ADDRESS | 5285 ST AMBROSE CHURCH RD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ELKTON FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | PIERONI, JC | | 5.2 NAME | ~~JC~~ Webber, John J. | |
| STREET ADDRESS | 402 MADRUGA AVE | | 5.3 STREET ADDRESS | 1033 Prince Road | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | | 5.4 CITY-ST-ZIP | St. Augustine, FL 32086 | |
| 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 (4/97)

14. I do 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 REQUIRED — John J. Webber — 8/15/97 — 797-5098