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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 746868 (9)

1. Corporation Name
ST. JOHN'S COUNTY AUDUBON 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

14. FEI Number: ~~59-2269909~~ 59-3329771 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEBBER, JOHN J
1033 PRINCE 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 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	P	☐ DELETE	1.1 TITLE	Vice-President	☒ 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	Director	☒ 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	[redacted] President	☐ Change ☒ Addition
NAME	CASPAN, SALLY		3.2 NAME	Van Ghent Tina	
STREET ADDRESS	850 A1A BEACH BLVD #12		3.3 STREET ADDRESS	4005 Moultrie Foreside Blvd.	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	St. Augustine, FL 32086	
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		☐ Change ☐ Addition
NAME	WEBBER, JOHN J		5.2 NAME		
STREET ADDRESS	1033 PRINCE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: John J. Webber TITLE John J. Webber 4/27/98 792-5098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number