2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90010 016 ****61.25

DOCUMENT # 746868

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

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

01282004 Chg-NP CR2E037 (10/03)

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 59-3329771 ☐ 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
VAN GHENT, ROGER TREASUR 4005 MOULTRIE FORESIDE BLVD ST AUGUSTINE, FL 32086	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHULER, TEDDY 323 ARPIEKA AVE. SAINT AUGUSTINE, FL 320803802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr. M.F. Kohnke 29 Rosco Blvd Ponte Vedra Bch FL 32004-1213	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAN GHENT, ROGER 4005 MOULTRIE FORESIDE BLVD. ST. AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Amanda Morgan 2123 Vista Cove Rd St. Augustine FL 32084-3062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TYSON, WENDY 3418 LAND'S END DR. SAINT AUGUSTINE, FL 320847744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joanna Vander Kolk 1270 Neck Rd Ponte Vedra Bch FL 32082-4112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACHA MARTIN, CAROL ANN 133 COASTAL HOLLOW CIR. SAINT AUGUSTINE, FL 320959069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEEDS, LUCY 144 CATTALL CIR. JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEATTIE, DONALD 808 MILL POND CT JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Roger Van Ghent 2/2/'04 904 797 6846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #