

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 # 747044 (6)
1. Corporation Name
FOUR RIVERS AUDUBON SOCIETY, INCORPORATED



Principal Place of Business
1010 ALAMO
PO BOX 596
LAKE CITY FL 32055

Mailing Address
1010 ALAMO
PO BOX 596
LAKE CITY FL 32055

3. Date Incorporated or Qualified
05/03/1979

3a. Date of Last Report
08/23/1995

4. FEI Number
59-9936509

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

HANCOCK, JUDY
1010 ALAMO STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Judy Hancock
Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

4-10-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	THOMPSON, CINDY	120 EAST CAMP STREET	LAKE CITY FL	<input type="checkbox"/>
S	HARKER, MARTY	RT 6, BOX 230	LAKE CITY FL	<input type="checkbox"/>
P	SEDMERA, FRANK	RT. 10, BOX 208	LAKE CITY FL	<input type="checkbox"/>
D	SEDMERA, KRIS	RT 10, BOX 208	LAKE CITY FL	<input checked="" type="checkbox"/>
T	NISWANDER, PHILIP	RT. 1, BOX 181H	LAKE CITY FL	<input type="checkbox"/>
D	ADAMS, STEVE	RT. 5, BOX 933	LAKE CITY FL	<input type="checkbox"/>

13.

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

P.O. BOX 1096
MACCLENNY, FL 32063

D TERRY DOONAN
RT. 12 BOX 532
LAKE CITY, FL. 32055

500001897685
-07/18/96--01024--026
***61.25

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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:

PHILIP NISWANDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 9047522577
DATE Daytime Phone #

CR2E037 (12/95)