


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32056-0596
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3. Date Incorporated or Qualified 05/03/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-9936509	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 FL 85 Zip Code
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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 _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CINDY	1.2 NAME	
STREET ADDRESS	PO BOX 1096 (N/A)*	1.3 STREET ADDRESS	
CITY-ST-ZIP	MACCLENNY FL 32063	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKER, MARTY	2.2 NAME	
STREET ADDRESS	RT 6, BOX 230	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONAN, TERRY	3.2 NAME	P TO D
STREET ADDRESS	RT. 12, BOX 532	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDMERA, KRIS	4.2 NAME	FRANK SEDMERA
STREET ADDRESS	RT 10, BOX 208	4.3 STREET ADDRESS	RT. 10 BOX 208
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	LAKE CITY, FL. D TO P
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISWANDER, PHILIP	5.2 NAME	
STREET ADDRESS	RT. 1, BOX 181H	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, STEVE	6.2 NAME	D
STREET ADDRESS	RT. 5, BOX 933	6.3 STREET ADDRESS	LINDSKOLD, SVERD
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	6400 NW 55 ST, BELL, FL 32619

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 _____

CR2E037 (9/96)