

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 24 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 # 752248 (5)  
1. Corporation Name

APALACHEE AUDUBON SOCIETY, INCORPORATED



Principal Place of Business Mailing Address  
PO BOX 1237 TALLAHASSEE FL 32302 PO BOX 1237 TALLAHASSEE FL 32302-1237

3. Date Incorporated or Qualified 04/30/1980 3a. Date of Last Report 08/15/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7181962 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent GOLDMAN, HARVEY 1115 SANDHURST DRIVE TALLAHASSEE FL 32312  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONGER, KEVIN	1.2 NAME	
STREET ADDRESS	314 N. CALHOUN STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32301	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUGH, LESLIE	2.2 NAME	
STREET ADDRESS	DEPT OF STATE, DIV. OF ELECTIONS	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, HARVEY	3.2 NAME	
STREET ADDRESS	1115 SANDHURST DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENSING, KAREN	4.2 NAME	
STREET ADDRESS	256 TIMBERLANE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUE, DEAN	5.2 NAME	
STREET ADDRESS	3455 DORCHESTER COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BOB	6.2 NAME	
STREET ADDRESS	2309 W. MISSION ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32304-2662	6.4 CITY - ST - ZIP	

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: *Harvey Goldman* HARVEY GOLDMAN 1/6/97 904-644-4539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008041

CR2E037 (9/96)