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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752248

1. Corporation Name

APALACHEE AUDUBON SOCIETY, INCORPORATED

Principal Place of Business

PO BOX 1237
TALLAHASSEE FL 32302

Mailing Address

PO BOX 1237
TALLAHASSEE FL 32302



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/30/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7181962	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 HARVEY GOLDMAN (TREASURER)

Harvey Goldman

Jan 22, 1999

(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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONGER, KEVIN	1.2 NAME	JIM SHELTON
STREET ADDRESS	314 N. CALHOUN STREET	1.3 STREET ADDRESS	1914 TY TY COURT
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUGH, LESLIE	2.2 NAME	ROGER ATCHISON
STREET ADDRESS	DEPT OF STATE, DIV. OF ELECTIONS	2.3 STREET ADDRESS	RR 2, BOX 4
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENSING, KAREN	4.2 NAME	DONNA WELLS
STREET ADDRESS	256 TIMBERLANE ROAD	4.3 STREET ADDRESS	3064 CAMELLIA WOOD CIRCLE EAST
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUE, DEAN	5.2 NAME	MARVIN COLLINS III
STREET ADDRESS	3455 DORCHESTER COURT	5.3 STREET ADDRESS	1628 MITCHELL AVE
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, BOB	6.2 NAME	ELLEN SHELTON
STREET ADDRESS	2309 W. MISSION ROAD	6.3 STREET ADDRESS	1914 TY TY COURT
CITY-ST-ZIP	TALLAHASSEE FL 32304-2662	6.4 CITY-ST-ZIP	TALLAHASSEE FL 32308

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, with all other like empowered.

SIGNATURE: *Harvey Goldman* SIGNATURE REQUIRED

Jan 22, 1999

850-644-4539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)