

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765573 (1)

1. Corporation Name

PANHANDLE AUDUBON SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:37

Principal Place of Business	Mailing Address
700 DOVE DR MARIANNA FL 32446 US	M.W. GRAY PO BOX 50 MARIANNA FL 32447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1982	04/05/1994
4. FEI Number	Applied For
49-5058508	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/> NO	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/> NO	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/> YES	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 700 DOVE DRIVE	26 P.O. BOX 50
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 HOME I HAVE RETIRED - NO OFFICE - HOME ONLY	
City & State	City & State
23 MARIANNA FL	28 MARIANNA
Zip	Country
24 32447	25 JACKSON
29 32447	30 JACKSON

fill
FEI
NO

NO
NO

YES

FL

9. Name and Address of Current Registered Agent

GRAY, M.W.
STATE ROAD 167
P.O. BOX 50
MARIANNA FL 32446

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Typed or printed name of registered agent and title if applicable) _____ (Typed or printed name of registered agent separate required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIMMEL, STEVE
STREET ADDRESS	16113 CREEK HAVEN RD
CITY - ST - ZIP	FOUNTAIN FL
TITLE	VD
NAME	MANNING, ARTHUR
STREET ADDRESS	911 E. PUTNAM
CITY - ST - ZIP	MARIANNA FL
TITLE	SD
NAME	HEBB, E.A. (CORR)
STREET ADDRESS	502 MAYWOOD STREET
CITY - ST - ZIP	MARIANNA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(d), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: M.W. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

APR 17 914-579-4813
Date Date/Time