

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 # 765573 (1)
1. Corporation Name

PANHANDLE AUDUBON SOCIETY, INC.



Principal Place of Business
700 DOVE DR
MARIANNA FL 32446
US

Mailing Address
M.W. GRAY
PO BOX 50
MARIANNA FL 32447
US

3. Date Incorporated or Qualified 10/27/1982
3a. Date of Last Report 04/13/1995

2. Principal Place of Business
21 P.O. Box 204
Suite, Apt. #, etc.
22 City & State
23 MARIANNA, FLORIDA
Zip 32447 Country US

2a. Mailing Address
26 P.O. Box 204
Suite, Apt. #, etc.
27 City & State
28 MARIANNA, FLORIDA
Zip 32447 Country US

4. FEI Number 49-5058508
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

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 E. A. HEBB
82 Street Address (P.O. Box Number is Not Acceptable) 4330 MAYWOOD DRIVE
83
84 City MARIANNA FL 85 Zip Code 32446

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 EDWIN A. HEBB SD
Signature, typed or printed name of registered agent and client applicable (NOTE: Registered Agent's signature required when reinstating) DATE 4-16-96

12. OFFICERS AND DIRECTORS
11 TITLE D
12 NAME SHIMMEL, STEVE
13 STREET ADDRESS 16113 CREEK HAVEN RD
14 CITY-ST-ZIP FOUNTAIN FL
21 TITLE VD
22 NAME MANNING, ARTHUR
23 STREET ADDRESS 911 E. PUTNAM
24 CITY-ST-ZIP MARIANNA FL
31 TITLE SD
32 NAME HEBB, E.A. (CORR)
33 STREET ADDRESS 502 MAYWOOD STREET
34 CITY-ST-ZIP MARIANNA FL
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

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 SD
32 NAME HEBB, E.A.
33 STREET ADDRESS 4330 MAYWOOD DRIVE
34 CITY-ST-ZIP MARIANNA, FLORIDA 32446
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

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: EDWIN A. HEBB SD 4-16-96 (904) 482-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)