

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

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **809761** (0)
1. Corporation Name
NATIONAL AUDUBON SOCIETY

Principal Place of Business Mailing Address
700 BROADWAY NEW YORK NY 10003 **700 BROADWAY NEW YORK NY 10003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1954** 3a. Date of Last Report **04/19/1994**

4. FEI Number **13-1624102** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BERLE, PETER A. A.
STREET ADDRESS	530 E 86 ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	C
NAME	WOODSUM JR., HAROLD E.
STREET ADDRESS	66 WALL STREET
CITY - ST - ZIP	NEW HAVEN CT 06511
TITLE	V
NAME	CUNNINGHAM, JAMES A
STREET ADDRESS	18 LITTLE JOHN PL
CITY - ST - ZIP	WHITE PLAINS NY
TITLE	S
NAME	BARRETT-WALTERS, PATRICIA
STREET ADDRESS	162 E 37TH ST
CITY - ST - ZIP	BROOKLYN NY
TITLE	D
NAME	ALEXANDER, HELEN C.
STREET ADDRESS	4600 OLD FRANKFORT PIKE
CITY - ST - ZIP	LEXINGTON KY
TITLE	D
NAME	Beincke John B.
STREET ADDRESS	420 Lexington Avenue
CITY - ST - ZIP	New York, NY 10021

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	CHAIRMAN/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	O'Brien Jr. Donald C
23 STREET ADDRESS	436 Trinity Pass Road
24 CITY - ST - ZIP	New Canaan, CT 06840
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S Douglas Patricia
43 STREET ADDRESS	162 E 37th St.
44 CITY - ST - ZIP	Brooklyn, NY 11203
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D Ellman, Dr. George
53 STREET ADDRESS	13285 Armond Drive
54 CITY - ST - ZIP	Alen Ellen, CA 95442
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 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: Patricia Douglas, Patricia Douglas 4/11/95 (212) 919-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)