

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 # **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**

3. Date Incorporated or Qualified
04/14/1954

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-1624102

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BERLE, PETER A. A.**
STREET ADDRESS **530 E 86 ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE **CD** ☐ DELETE

NAME **O'BRIEN, DOANL JR C**
STREET ADDRESS **NEW CANAAN, CT**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE **V** ☐ DELETE

NAME **CUNNINGHAM, JAMES A**
STREET ADDRESS **18 LITTLE JOHN PL**
CITY-ST-ZIP **WHITE PLAINS NY**

TITLE **S** ☐ DELETE

NAME **DOUGLAS, PATRICIA**
STREET ADDRESS **162 E 37TH**
CITY-ST-ZIP **BROOKLYN NY**

TITLE **D** ☐ DELETE

NAME **ELLMAN, GEORGE DR**
STREET ADDRESS **13285 ARMOND DR**
CITY-ST-ZIP **GLEN ELLEN CA**

TITLE **D** ☐ DELETE

NAME **BEINECKE, JOHN B**
STREET ADDRESS **420 LEXINGTON AVE**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 *(m) 979-3172*
Date Daytime Phone #

CR2E037 (12/95)