


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 809761 (0)**

1. Corporation Name  
**NATIONAL AUDUBON SOCIETY**



Principal Place of Business <b>700 BROADWAY NEW YORK NY 10003</b>	Mailing Address <b>700 BROADWAY NEW YORK NY 10003</b>
--	--

3. Date Incorporated or Qualified <b>04/14/1954</b>		
4. FEI Number <b>13-1624102</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLICKER, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>215 E 68TH STREET #20B</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, DONAL C JR</b>	2.2 NAME	
STREET ADDRESS	<b>436 TRINITY PASS ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, JAMES A</b>	3.2 NAME	
STREET ADDRESS	<b>18 LITTLE JOHN PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITE PLAINS NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, PATRICIA</b>	4.2 NAME	<b>ASST. Secretary</b>
STREET ADDRESS	<b>162 E 37TH</b>	4.3 STREET ADDRESS	<b>Douglas Patricia</b>
CITY-ST-ZIP	<b>BROOKLYN NY</b>	4.4 CITY-ST-ZIP	<b>94 E 58 ST</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGLE, HELEN M</b>	5.2 NAME	
STREET ADDRESS	<b>4011 ALAMEDA AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TACOMA WA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEINECKE, JOHN B</b>	6.2 NAME	
STREET ADDRESS	<b>420 LEXINGTON AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 4/12/98 (412)979-3172

CR2E037 (10/97)