

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700775

**Entity Name:** DUVAL AUDUBON SOCIETY, INC.

**Current Principal Place of Business:**

7089 HANSON DRIVE N  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

DUVAL AUDUBON SOCIETY  
P. O. BOX 16304  
JACKSONVILLE, FL 32245 US

**FEI Number:** 59-1772426

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANTMAN, CAROLYN  
4228 HABANA AVE  
JACKSONVILLE, FL 32217 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CAROLYN ANTMAN

02/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WAINWRIGHT, CARLY  
Address 1928 NAVAHO AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name ADAMS, CAROLE  
Address 7473 CARRIAGE SIDE CT.  
City-State-Zip: JACKSONVILLE FL 32256

Title T  
Name JUMP, DENISE  
Address 7089 HANSON DR. NORTH  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name POWELL, PEGGY  
Address 2965 FOREST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name CROWLEY, NANCY  
Address 7473 CARRIAGE SIDE CT.  
City-State-Zip: JACKSONVILLE FL 32256

Title RS  
Name MURPHY, PAT  
Address 6311 KELLOW DRIVE  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENISE JUMP

**TREASURER**

02/08/2015

Electronic Signature of Signing Officer/Director Detail

Date