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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 722339 (9)

1. Corporation Name

HALIFAX RIVER AUDUBON SOCIETY, INC.



Principal Place of Business

Mailing Address

501 N WILD OLIVE AVE
#1
DAYTONA BEACH FL 32118
US

2596 CORAL WAY WEST
DAYTONA BEACH FL 32118-5520
US

3. Date Incorporated or Qualified
12/27/1971

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7193602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

OGGLESBY, MARERA
1173 HOUDY SHELL RD.
DAYTONA BEACH FL 32199

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 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

TITLE P ☒ DELETE
NAME STEVENSON, ROBERT L.
STREET ADDRESS 112 OAK LANE
CITY-ST-ZIP ORMOND BCH, FL 00000

TITLE V ☐ DELETE
NAME FRANCIS, WILLIAM
STREET ADDRESS 135 DEER LAKE CIR
CITY-ST-ZIP ORMOND BCH FL

TITLE VD ☐ DELETE
NAME WILLIAM, JOHN J
STREET ADDRESS 717 N PENINSULA DR
CITY-ST-ZIP DAYTONA BCH FL

TITLE S ☐ DELETE
NAME OGLESBY, MARIE
STREET ADDRESS 1173 HOUDYSHELL ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE TD ☐ DELETE
NAME ROBINSON, MORRELL S.
STREET ADDRESS 2596 CORAL WAY WEST
CITY-ST-ZIP DAYTONA BEACH, FL 00000

TITLE D ☒ DELETE
NAME LENTZ, CARL
STREET ADDRESS 1215 PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Williams, John
1.3 STREET ADDRESS 717 N Peninsula Dr
1.4 CITY-ST-ZIP Daytona Bch FL 32118

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Cerrito, Angelo
3.3 STREET ADDRESS 6065 Hensel Rd.
3.4 CITY-ST-ZIP Port Orange, FL 32127

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Membership ☐ Change ☒ Addition
6.2 NAME Riley, Seannie
6.3 STREET ADDRESS 4007 S Peninsula Dr
6.4 CITY-ST-ZIP Daytona Bch FL 32118

14. I do 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. 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:

Morrell S. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/97 914-760-8470
Daytime Phone 9002238

CR2E037 (9/96)