

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 32174  
~~44~~

3. Date Incorporated or Qualified

12/27/1971

4. FEI Number

23-7193602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6118 Jasmine Vine Dr.

22 City & State

Suite, Apt. #, etc.

27 PT. Orange, FL

23 Zip

28 32124 USA

24 Country

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OGGLESBY, MARIE Marie (correct spelling)  
1173 HOUDY SHELL RD.  
DAYTONA BEACH FL 32199

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 WILLIAMS, JOHN  
STREET ADDRESS 717 N PENINSULA DR  
CITY-ST-ZIP DAYTONA BCH FL

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 OGGLESBY, 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 VD ☒ DELETE

NAME CERRITO, ANGELO  
STREET ADDRESS 6065 HENSEL RD  
CITY-ST-ZIP PT ORANGE FL

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

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Required* JOHN W CARR 14 JAN 98 (904) 255 9360

CR2E037 (10/97)