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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722339

1. Corporation Name
HALIFAX RIVER AUDUBON SOCIETY, INC.

Principal Place of Business: 501 N WILD OLIVE AVE #1 DAYTONA BEACH FL 32118 US
 Mailing Address: 6118 JASMINE VINE DR PT ORANGE FL 32114 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/27/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7193602	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OGGLESBY, MARIE 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WILLIAMS, JOHN		1.2 NAME				
STREET ADDRESS	717 N PENINSULA DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BCH FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FRANCIS, WILLIAM		2.2 NAME				
STREET ADDRESS	135 DEER LAKE CIR		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BCH FL		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CARR, JOHN		3.2 NAME				
STREET ADDRESS	357 BROOKLINE AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BCH FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	OGLESBY, MARIE		4.2 NAME				
STREET ADDRESS	1173 HOUDYSHELL ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROBINSON, MORRELL S.		5.2 NAME				
STREET ADDRESS	6118 JASMINE VINE DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	PT ORANGE FL		5.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CERRITO, ANGELO		6.2 NAME				
STREET ADDRESS	6065 HENSEL RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	PT ORANGE FL		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, with all other like empowered.

SIGNATURE: *MORRELL S. ROBINSON* SIGNATURE REQUIRED MORRELL S. ROBINSON 2/3/99 904-760-2192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Time Phone #

CR2E037 (11/98)