

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4, PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06328** (1)

1. Corporation Name
EAGLE AUDUBON SOCIETY, INC.

Principal Place of Business Mailing Address
**KINGS POINT CLUBHOUSE
HEALTH ROOM
SUN CITY CENTER FL 33573** **P. O. BOX 5813
HEALTH ROOM
SUN CITY CENTER FL 33571-5813
US**

3. Date Incorporated or Qualified **11/27/1984** 3a. Date of Filing **03/11/1994**

4. FEI Number **59-2234564** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**ROGERS, JANE P.
1520 LELAND DRIVE
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent
81 Name **ABBOTT, IRENE T.**
82 Street Address (P.O. Box Number is Not Acceptable) **1903 NEW BEDFORD DR.**
83
84 City **SUN CITY CENTER FL** 85 Zip Code **33573**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE Irene T. Abbott DATE 03/29/95

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FOSTER, GILBERT C
STREET ADDRESS	1703 HAMMERSMITH DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	S
NAME	FOX, ANN
STREET ADDRESS	2115 N. HALCYON DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	PO
NAME	ROGERS, JANE P
STREET ADDRESS	1520 LELAND DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL 33573
TITLE	T
NAME	MCCARTHY, BETTY
STREET ADDRESS	1312 LELAND DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	MALKIN, JACOB
STREET ADDRESS	734 MCALLISTER AVE.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	DUKE, NORMAN S.
STREET ADDRESS	2022 HEATHFIELD CR.
CITY-ST-ZIP	SUN CITY CENTER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOSTER, GILBERT C	
1.3 STREET ADDRESS	1703 HAMMERSMITH DRIVE	
1.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUETZE, JEAN	
2.3 STREET ADDRESS	406A PARADAY TRAIL	
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ABBOTT, IRENE T.	
3.3 STREET ADDRESS	1902 NEW BEDFORD DR.	
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CREWINE, JANET	
4.3 STREET ADDRESS	314 GLOUCESTER	
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irene T. Abbott IRENE T. ABBOTT DATE 03/11/95 (813) 634-2537