

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06328 (1)
1. Corporation Name
EAGLE AUDUBON SOCIETY, INC.



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

3. Date Incorporated or Qualified: **11/27/1984**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-2234564**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**ABBOTT, IRENE T
1902 NEW BEDFORD DRIVE
SUN CITY CENTER FL 33573**

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FOSTER, GILBERT C
STREET ADDRESS	1703 HAMMERSMITH DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MUETZE, JEAN
STREET ADDRESS	406A FARADAY TRAIL
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	<input type="checkbox"/> DELETE
NAME	ABBOTT, IRENE T
STREET ADDRESS	1902 NEW BEDFORD DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	T <input type="checkbox"/> DELETE
NAME	OLEWINE, JANET
STREET ADDRESS	314 GLOUCESTER
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALKIN, JACOB
STREET ADDRESS	734 MCALLISTER AVE.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D <input type="checkbox"/> DELETE
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, 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** 2/13/96 634-2537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)