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03-03-1999 90002 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06328
 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
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 5813	3. Date Incorporated or Qualified 11/27/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2234564
City & State 23	City & State 28 SUN CITY CENTER, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29 33571-5813	Country 30 US

9. Name and Address of Current Registered Agent CROWTHER, JOHN 2228 DEL WEBB BLVD. W. SUN CITY CENTER FL 33573		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			
		FL	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	CO-PRESIDENTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, GILBERT C	1.2 NAME	JOHN & BARBARA CROWTHER
STREET ADDRESS	1703 HAMMERSMITH DRIVE	1.3 STREET ADDRESS	2228 DEL WEBB BLVD. W
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LI, ELLEN L.	2.2 NAME	SANDRA MILLER
STREET ADDRESS	2003 HEATHFIELD CIRCLE	2.3 STREET ADDRESS	304 SEDGEWICK COURT
CITY-ST-ZIP	SUN CITY CENTER FL 33573	2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	FVP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABBOTT, IRENE T	3.2 NAME	DOZ MERRITT
STREET ADDRESS	1902 NEW BEDFORD DRIVE	3.3 STREET ADDRESS	2228 GRENADIER DRIVE
CITY-ST-ZIP	SUN CITY CENTER FL 33573	3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAULDING, ARTHUR	4.2 NAME	JULIA NUFFERT
STREET ADDRESS	307 STONEHAM DR	4.3 STREET ADDRESS	2414 NEW HAVEN CIRCLE
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCENTYRE, MAE	5.2 NAME	PAT SAITORA
STREET ADDRESS	1010 AMERICAN EAGLE BLVD, APT. 120	5.3 STREET ADDRESS	1701 BRYN MAWR
CITY-ST-ZIP	SUN CITY CENTER FL 33573	5.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKE, NORMAN S.	6.2 NAME	DOT TEELING
STREET ADDRESS	2022 HEATHFIELD CR.	6.3 STREET ADDRESS	1102 DEL WEBB EAST
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573

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: SIGNATURE REQUIRED 1/16/99 (813) 633-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)