


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
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DOCUMENT # 710499 (5)
 1. Corporation Name
OKLAWAHA VALLEY AUDUBON SOCIETY, INC.



Principal Place of Business
1002 CLUSTERWOOD DR.
YALAH FL 34797
US

Mailing Address
PO BOX 641
EUSTIS FL 32727-0641
US

3. Date Incorporated or Qualified 03/10/1966	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2940154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 34340 Parkway Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EUSTIS FL	City & State 28
Zip 24 32736	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent PEEPLES, RUSSELL C 1002 CLUSTERWOOD DR. YALAH FL 34797	10. Name and Address of New Registered Agent 81 Name VINCENT R. MELLINGER 82 Street Address (P.O. Box Number is Not Acceptable) 34340 PARKWAY AVE 83 84 City EUSTIS FL 85 Zip Code 32736
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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 *Vincent R. Mellinger* (VINCENT R. MELLINGER) 6/3/96
 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	PD	11 TITLE	
NAME	BALLARD, ELIZABETH	12 NAME	
STREET ADDRESS	611 OLD EUSTIS RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	
NAME	WUTKE, JOYCE	22 NAME	
STREET ADDRESS	227 ROYAL DR.	23 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	
NAME	ROGERS, BOB	32 NAME	
STREET ADDRESS	37936 HWY 19 #48	33 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	PEEPLES, RUSSELL C.	42 NAME	MELLINGER, VINCENT R
STREET ADDRESS	1002 CLUSTERWOOD DR.	43 STREET ADDRESS	34340 PARKWAY AVE
CITY-ST-ZIP	YALAH FL	44 CITY-ST-ZIP	EUSTIS FL 32736
TITLE	S	51 TITLE	
NAME	DIXON, MARY	52 NAME	200001857982
STREET ADDRESS	307 LAURA LANE	53 STREET ADDRESS	-06/11/96--01073--018
CITY-ST-ZIP	MT. DORA FL	54 CITY-ST-ZIP	***61.25
TITLE	D	61 TITLE	
NAME	YOKEL, FRAN	62 NAME	
STREET ADDRESS	119 POND DR.	63 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	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: *Vincent R. Mellinger* 6/29/96 34340 Parkway Ave
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)