

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710499 (5)

1. Corporation Name

OKLAWAHA VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

34340 PACKVIEW AVE.
EUSTIS FL 32736
USPO BOX 641
EUSTIS FL 32727-0641
US3. Date Incorporated or Qualified
03/10/19663a. Date of Last Report
06/10/1996

2. Principal Place of Business

2a. Mailing Address

21 34340 PARKVIEW AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLINGER, VINCENT R
34340 PACKVIEW AVE.
EUSTIS FL 32736

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

34340 PARKVIEW AVE

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

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
NAME BALLARD, ELIZABETH
STREET ADDRESS 611 OLD EUSTIS RD.
CITY - ST - ZIP MT. DORA FL
☒ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE VPD
NAME WUTKE, JOYCE
STREET ADDRESS 227 ROYAL DR.
CITY - ST - ZIP EUSTIS FL
☐ DELETE2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☒ Change ☐ AdditionTITLE VP
NAME ROGERS, BOB
STREET ADDRESS 37936 HWY 19 #48
CITY - ST - ZIP UMATILLA FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE TD
NAME MELLINGER, VINCENT R
STREET ADDRESS 34340 PACKVIEW AVE.
CITY - ST - ZIP EUSTIS FL 32736
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE S
NAME DIXON, MARY
STREET ADDRESS 307 LAURA LANE
CITY - ST - ZIP MT. DORA FL
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ AdditionTITLE D
NAME YOKEL, FRAN
STREET ADDRESS 119 POND DR.
CITY - ST - ZIP MT. DORA FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Vincent R. Mellinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/18/97
Daytime Phone # 352-357-6991

CR2E037 (9/96)