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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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 34340 PACKVIEW AVE. EUSTIS FL 32736 US	Mailing Address PO BOX 641 EUSTIS FL 32727-0641 US
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2. Principal Place of Business 21 1105 BEN HOPE DR Suite, Apt. #, etc. 22 LEESBURG, FL City & State 23 34788 USA Zip Country 24 25 29 30	2a. Mailing Address 26 1105 BEN HOPE DR Suite, Apt. #, etc. 27 LEESBURG, FL City & State 28 34788 USA Zip Country 29 25 29 30
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9. Name and Address of Current Registered Agent MELLINGER, VINCENT R 34340 PARKVIEW AVE EUSTIS FL 32736	10. Name and Address of New Registered Agent B1 Name ELBERT LINVILLE B2 Street Address (P.O. Box Number is Not Acceptable) 1105 BEN HOPE DR B3 LEESBURG B4 City FL B5 Zip Code 34788
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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 **ELBERT LINVILLE, TREAS** *Elbert Linnville* **4/27/98**
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent Signature Required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WUTKE, JOYCE	
STREET ADDRESS	227 ROYAL DR.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROGERS, BOB	
STREET ADDRESS	37936 HWY 19 #48	
CITY-ST-ZIP	UMATILLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MELLINGER, VINCENT R	
STREET ADDRESS	34340 PACKVIEW AVE.	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIXON, MARY	
STREET ADDRESS	307 LAURA LANE	
CITY-ST-ZIP	MT. DORA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOKEL, FRAN	
STREET ADDRESS	119 POND DR.	
CITY-ST-ZIP	MT. DORA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wutke, Joyce	
1.3 STREET ADDRESS	227 ROYAL DR.	
1.4 CITY-ST-ZIP	EUSTIS FL 32726	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mellinger, Vincent R	
3.3 STREET ADDRESS	34340 Parkview Ave	
3.4 CITY-ST-ZIP	EUSTIS FL 32726	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	TREASURER TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ELBERT LINVILLE	
6.3 STREET ADDRESS	1105 BEN HOPE DR	
6.4 CITY-ST-ZIP	LEESBURG, FL 34788	

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.

SIGNATURE: *Elbert Linnville* **ELBERT LINVILLE** **4/27/98** **352-343-4876**

CR2E037 (10/97)