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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710499

1. Corporation Name
OKLAWAHA VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
1105 BEN HOPE DR LEESBURG FL 34780 US	PO BOX 641 EUSTIS FL 32727-0641 US

2. Principal Place of Business
21 1225 Sun Meadow Ln
Suite, Apt. #, etc.
22
City & State
23 Grand Island, FL
Zip 24 32735 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/10/1966

4. FEI Number
59-2940154
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LINVILLE, E
1105 BEN HOPE DR
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name John Filley
82 Street Address (P.O. Box Number is Not Acceptable) 1225 Sun Meadow Ln
83
84 City Grand Island FL 85 Zip Code 32735

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WYTKE, J 5 ROYAL DR EUSTIS FL 32726	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Fred Michels 1150 Lake Dora Dr. Tavares, FL 32778	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROGERS, BOB 37936 HWY 19 #48 UMATILLA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Mary Ellen Cannon 3420 Laurel Dr Mt. Dora, FL 32757	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MELLINGER, V R 34340 PARKVIEW AVE EUSTIS FL 32726	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD Mary Lou Hennis 2108 Dogwood Dr Mt. Dora, FL 32757	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIXON, MARY 307 LAURA LANE MT. DORA FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Ruth Hawking 101 N. Grandview ST Mt. Dora, FL 32757	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOKEL, FRAN 119 POND DR. MT. DORA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ID John Filley 1225 Sun Meadow Ln. Grand Island, FL 32757	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINVILLE, E 1105 BEN HOPE LEESBURG FL 34788	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Charlotte Vincent 32672 Oak Park Dr Leesburg, FL 34748	☑ Change ☐ Addition

CR2E037 (11/98)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additional Director

D
Martha Anderson
2104 Dogwood Dr.
Mt Dora, FL 32757

change 475655-9008-18
710499