2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 710499

1. Entity Name
OKLAWAHA VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
TROUT LAKE NATURE CR 44 EUSTIS, FL 32726 US	PO BOX 268 EUSTIS, FL 32727-0268 US

03292006 No Chg-NP CR2E037 (11/05)

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

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

6. Name and Address of Current Registered Agent

BOHMANN, JERRY
575 SENACA OAKS CIRCLE
MOUNT DORA, FL 32757

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOHMANN, JERRY
STREET ADDRESS	575 SENECA OAKS CIR
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VD
NAME	VACANT, VACANT
STREET ADDRESS	CR 44
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	VD
NAME	FOLEY, NADINA
STREET ADDRESS	19001 TWIN OAKS PONDS RD.
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	SD
NAME	ROSS, JUDI
STREET ADDRESS	26812 RACQUET CIR
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	TD
NAME	WUTKE, JOYCE
STREET ADDRESS	5 ROYAL DRIVE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	HILL, DARLEEN
STREET ADDRESS	142 ANE RIDGE DR
CITY-ST-ZIP	LEESBURG, FL 34788

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04/22/06-30050-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Bohmann JERRY BOHMANN 3-31-06 (352) 357-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #