

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 012 ****61.25

DOCUMENT #710499	
1. Entity Name OKLAWAHA VALLEY AUDUBON SOCIETY, INC.	



Principal Place of Business TROUT LAKE NATURE CR 44 EUSTIS, FL 32726 US	Mailing Address PO BOX 268 EUSTIS, FL 32727-0268 US
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02222007 No Chg-NP CR2E037 (4/06)

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 <u>Joyce Wutke Joyce Wutke Treasurer</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE <u>4/30/07</u>

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOHMANN, JERRY 575 SENACA OAKS CIR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VACANT CR 44 EUSTIS, FL 32726 <i>Russ Littlefield CR 44 PO Box 268 EUSTIS, FL 32727</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLEY, NADINE 19004 TWIN OAKS PONDS RD. UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VACANT 26642 RAGUET CIR LEESBURG, FL 34748 <i>CR 44 PO Box 268 EUSTIS, FL 32757</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WUTKE, JOYCE 5 ROYAL DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DARLEEN 142 ANE RIDGE DR LEESBURG, FL 34788 <i>Fran YoKel 313 Pond Drive M. Dora, FL 32757</i>

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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: <u>Joyce Wutke Joyce Wutke Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/30/07</u> Daytime Phone #
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352-
589-2837