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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

710524

(0)

AUDUBON SOCIETY OF THE EVERGLADES, INC.

AUUUD	ON BOOKETT OF THE EVE	MOLADEO, MO				
Principal Place of Business Mailing Address						010/6 01011 01014
2326 S. CONGRESS AVE. SUITE 1G 2326 S. CONGRESS AV WEST PALM BEACH FL 33406 WEST PALM BEACH FL			3			
					03/15/1966	Date of Last Report 04/18/1995
—ı `	ncipal Place of Business 2a. Mailing Address				4. FEI Number 59-6019854	Applied For Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	This corporation has liability for intangible	
24	25	29	30		Florida Statutes	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent
			6	1 Name		
BLOCHER, DALE M. 2326 S. CONGRESS AVE. SUITE 1G			8	Street	Address (P.O. Box Number is Not Acceptable)	
	ALM BEACH, F FL 33406		ε	3		
VI.EU. 1			ε	4 City		85 Zip Code
					-	·L
or register	ed agent, or both, in the State of Flori	da. Such change was authorize	s, the above d by the co	e-named co rporation's	orporation submits this statement for the purpose of board of directors. I hereby accept the appointment	changing its registered office t t as registered agent. I am
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.				
SIGNATURE _	Signature, typed or printed name of registered agen	Land title if applicable. (NOT	E: Registered A	pent signature r	equired when re-nstating) DAT	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PED DELETE		1.1 TITL	E	PD	Change
NAME	SNYDER, SUSAN		1.2 NAM	IE	SNYDER, SUSAN	
STREET ADDRESS	1810 CARANDIS RAOD		1.3 STR	EET ADDRESS	1810 CARANDIS ROAD	
CITY-ST-ZIP	LAKE CLARK SHORES FL		1.4 CITY	1.4 C(TY-ST-ZIP LAKE CLARK SHORES FI.		
TITLE	SD X DELETE		2.1 TITL	2.1 TITLE Chang		☐ Change ☐ Addition
NAME	TILLER, PATRICIA		2.2 NAN	1E		
STREET ADDRESS	887 COTTON BAY DR., W.,	#2 08	2.3 STR	EET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		2 4 CiT	Y-ST-ZIP	(TIE)	
TITLE	VD	X I DELETE	3.1 TITL	E	WAGNER, PHILIP	Change Addition
NAME	POTTER, CHARLES		3 2 NAM	1E	352 HAMMOCK TRAIL	
STREET ADDRESS	819 S ATLANTIC DR		3.3 STR	EET ADDRESS	WEST PAIM BEACH FL 33413	
CITY-ST-ZIP	LANTANA FL			Y-ST-ZIP		☐ Change ☐ Addition
TITLE	D	DELETE	4.1 T(T)			
NAME	TRUMPOWER, RUTH		4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000	□ DELETE		(-ST-ZIP	9 PP.	Change Addition
TITLE	TD		5.1 TITU		VD	T cumings T condition
NAME	MILLER, SEYMOUR		5.2 NAM		MILLER, SEYMOUR	;
STREE1 ADDRESS	STRATFORD 0-197		1	EET ADDRESS	STRATFORD 0-197	
CITY-ST-ZIP	W. PALM BEACH FL	DOELETE	5 4 CH	r-ST-ZIP	WEST PAIM BEACH FL 33417	Change Addition
TITLE	PD IEANNIE	Libette	6.2 NA		D	
NAME OXOCCI ADDRESO	GIRARD, JEANNIE	ne .	1		GIRARD, JEANNIE	_
STREET ADDRESS	2641 GATELY DR W. NO. 8	ນວ		EET ADDRESS	2641 GATELY DR W. NO. 805)
CITY-ST-ZIP	WEST PALM BCH FL	the state of the s	b.4 CII	Y-ST-ZIP	WEST PAIN BEACH FL.	Florida Statutes I further

To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 3 if changed, or on an attachment with an address.

SEYMOUR MILE

BRESIDENT

BOOK TURE:

Daytine Phone *

SIGNATURE:

407 686 0462 Daytime Phone #