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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710524

(0)

AUDUBON SOCIETY OF THE EVERGLADES, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



| | RESS AVE. SUITE 1G | 2326 S. CONGRESS AVE. | | | | | | | |
|---------------------------|--|--|-------------------------------|---|---|-----------------------------|------------------------|------------------------|--|
| WEST PALM BE | EACH FL 33406 | WEST PALM BEACH FL 33 | 3406-7641 | | | | | | |
| · | | | | | Date Incorporated or Qualified 03/15/1966 | | e of Last 4/17/19 | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEt Number | | A | pplied For | |
| 21 35 | - HAMMOUS INAIL | | 6914 | | 59-6019854 | | | lot Applicable | |
| Suite, Apt. | #. 0 k. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional Required | |
| City & State | A PAUN BEADIS FL | City & State 28 WEST PALM BEACH, FL | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| | | | Countr 30 | Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes X No | | | | s. 199.032, | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Re | gistered A | gent | | |
| _ | | | 81 | Name | | | | | |
| | R, DALE M. | | 82 | Street | Address (P.O. Box Number is Not Acceptate | ole) | | 70.00 | |
| | CONGRESS AVE. SUITE 1G | | 83 | | | | | | |
| WESTP | ALM BEACH, F FL 33406 | | 05 | '[| | | | | |
| | | | 84 | City | | FL | 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Florida Statut | es, the abov | /e-named | corporation submits this statement for the poration's board of directors. I hereby acce | | hanging | its realstered | |
| office or r agent. I a | egistered agent, or both, in the State of miliar with and account the obligation | f Florida. Such change was a ions of, Section 617,0503. Flo | authorized b orida Statute | y the corp | poration's board of directors. I hereby acce | ot the appo | intment a | s registered | |
| SIGNATURE I | / tales / huge | PHIMP (1) | KNEW | • | ✓ | 4/16/ | 95 | | |
| | | | | ent signature | required when reinstating) | DATE | | | |
| 12. | | DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICE | | DIRECTO Change | | |
| TITLE NAME | PD Snyder, Susan | ☐ occeie | 1.1 TITLE 1.2 NAME | | | | ₽] Change | ☐ Addilion | |
| STREET ADDRESS | 1810 CARANDIS RAOD | | • | T ADDRESS | 1898 WOOD POAD | | | | |
| CITY-ST-ZIP | LAKE CLARK SHORES FL | | 1.4 CITY- | | 1894 TIDON POAD Due 55 553, Fl 33 | 400 | | | |
| TITLE | TD | DELETE | 2.1 TITLE | 31-515 | 3 | [| Change | Addition | |
| NAME | WAGNER, PHILLIP | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 352 HAMMOCK TRAIL | | 2.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 2. 4 CITY- | ST-ZIP | | | | | |
| TITLE | Ď | DELETE | 3.1 TITLE | | | [| Change | Addition | |
| NAME | trumpower, ruth | | 3.2 NAME | İ | | | | | |
| STREET ADDRESS | 165 AUBURN DR | | 3.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | LAKE WORTH, FL 00000 | | 3.4. DITY- | ST-ZiP | | | | | |
| TITLE | VD | ☐ DELETE | 4.1 TITLE | | | Ĺ | Change | Addition | |
| NAME | MILLER, SEYMOUR | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | STRATFORD 0-197 | | 1 | T ADDRESS | | | | | |
| CITY-ST-ZIP | W. PALM BEACH FL | DELETE | 4.4 CITY - | | h s | | Change | Addition | |
| TITLE NAME | D Girard, Jeannie | ₹ | 5.1 TITLE 5.2 NAME | | D.S. Reid Saut | L | | AQUADUIT | |
| STREET ADDRESS | 2641 GATELY DR W. NO. 805 | | | 1 ADDRESS | 200 - Words Words But | Þ. | | | |
| CITY+ST-ZIP | WEST PALM BCH FL | | 5.4 City- | 1 | DIAMA PUVENT 383 C WOODS WARE BUT MASS WONTER FLYDY | 67 | | | |
| TITLE | TEOT I ALM BOTT I | DELETE | 6.1 TITLE | 01-411 | THE WORLD TO STATE | 7.8 | Change | Addition | |
| NAME | | | 6.2 NAME | | | • | | | |
| STREET ADDRESS | | | | T ADDRESS | 1 | | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | | · | | | | |
| | by cartify that the information supplied | with this filing doos not quali | | | tated in Section 119 07/3\/i\ Florida Statuta | e I further | orlify tha | 1 tho | |

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, onto an attachment with an address.