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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 710524

1. Corporation Name
AUDUBON SOCIETY OF THE EVERGLADES, INC.

Principal Place of Business	Mailing Address
352 HAMMOCKS TRAIL WEST PALM BEACH FL 33413 US	PO BOX 16914 W PALM BCH FL 33416-6914 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified
03/15/1966

4. FEI Number
59-6019854
☐ Applied For
☐ Not Applicable

5. Certificate 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

WAGNER, PHILIP
302 HAMMOCKS TRAIL
WEST PALM BEACH, F FL 33413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	PD	☒ DELETE	1.1 TITLE	PRESIDENT - DIRECTOR	☐ Change ☑ Addition
NAME	SNYDER, SUSAN		1.2 NAME	SHIELDS, CAROL	
STREET ADDRESS	1824 TUDON ROAD		1.3 STREET ADDRESS	4631 W GWENHANTPD.	
CITY-ST-ZIP	JUNO ISLANDS FL		1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, PHILLIP		2.2 NAME		
STREET ADDRESS	352 HAMMOCK TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	VICE PRES. - DIRECTOR	☑ Change ☑ Addition
NAME	TRUMPOWER, RUTH		3.2 NAME	MIKE STONE	
STREET ADDRESS	165 AUBURN DR		3.3 STREET ADDRESS	51 HEATHER COURT.	
CITY-ST-ZIP	LAKE WORTH, FL 00000		3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIVENA, DIANA		4.2 NAME		
STREET ADDRESS	3835 WOODS WALK BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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] PHILIP WAGNER PRESIDENT 4/21/99 (561) 642-6013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #