FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:25

DOCUMENT # 720657 (6)

1. Corporation Name

CITRUS COUNTY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P O BOX 2943 HOMOSASSA SPRINGS FL 34447-2943	P O BOX 2943 HOMOSASSA SPRINGS FL 34447-2943

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7160727 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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)

9. Name and Address of Current Registered Agent

WARREN C. YOUNG
5 SWEET WILLIAM CT.
HOMOSASSA FL 34446

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Warren C. Young — 2/10/95
Signature, typed or printed name of registered agent and date as applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM H. WELCH	1.2 NAME	
STREET ADDRESS	2 BYRSONIMA CT. WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	GERALD GREGORY	2.2 NAME	
STREET ADDRESS	15 BEGONIAS CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	MERIDTH PAINE	3.2 NAME	
STREET ADDRESS	11321 W. BAYSHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BETTY SMYTH	4.2 NAME	
STREET ADDRESS	11500 W. BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WARREN C. YOUNG	5.2 NAME	
STREET ADDRESS	5 SWEET WILLIAM CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ELMER	6.2 NAME	
STREET ADDRESS	9094 N GRECO TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	6.4 CITY-ST-ZIP	

14. I do 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)(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.

SIGNATURE: William H. Welch Pres — 2/10/95 — 904-382-4121
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone Number
William H. Welch

0004872