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Apr 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified 04/05/1971
3a. Date of Last Report 04/22/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAM H. WELCH
STREET ADDRESS 2 BYRSONIMA CT. WEST
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ DELETE

TITLE VPD
NAME RAMSEY, JAMES R.
STREET ADDRESS 11138 W COVE HARBOR DR
CITY-ST-ZIP CRYSTAL RIVER FL ☐ DELETE

TITLE VPD
NAME MERIDITH PAINE
STREET ADDRESS 11321 W. BAYSHORE DR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☒ DELETE

TITLE D
NAME VAN DOREN, RUTH
STREET ADDRESS 5610 S SEAT OTTER PATH
CITY-ST-ZIP HOMOSASSA FL ☐ DELETE

TITLE TD
NAME WARREN C. YOUNG
STREET ADDRESS 5 SWEET WILLIAM CT.
CITY-ST-ZIP HOMOSASSA FL 34446 ☐ DELETE

TITLE D
NAME JONES, CARSON R.
STREET ADDRESS 11699 W COQUINA COURT
CITY-ST-ZIP CRYSTAL RIVER FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPD
3.2 NAME JEAN D. GONSETTE ☒ Change ☐ Addition
3.3 STREET ADDRESS 12077 W. RIVERWOOD DRIVE
3.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE WARREN C. YOUNG, Treasurer 4/11/97 352-292-4419

CR2E037 (9/96)