

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

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DOCUMENT # 720657

1. Corporation Name

CITRUS COUNTY AUDUBON SOCIETY, INC.

Principal Place of Business

P O BOX 2943
HOMOSASSA SPRINGS FL 34447-2943

Mailing Address

P O BOX 2943
HOMOSASSA SPRINGS FL 34447-2943



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1971

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

9. Name and Address of Current Registered Agent

CUSTER, MARTHA
75 SYCAMORE CIRCLE
HOMOSASSA FL 34446 -4538

10. Name and Address of New Registered Agent

81 Name

same as #9

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 MARTHA M. CUSTER

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

Martha M. Custer

(NOTE: Registered Agent signature required when reinstating)

January 14, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MILLER, RONALD J
STREET ADDRESS 4114 S. WASHINGTON STREET
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VPD ☐ DELETE
NAME SMITH, MYRON L
STREET ADDRESS 467 N. FITZPATRIC AVENUE
CITY-ST-ZIP INVERNESS FL 34453

TITLE VPD ☐ DELETE
NAME PAYNE, MEREDITH PAYNE
STREET ADDRESS 11321 W. BAYSHORE DRIVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ DELETE
NAME GREGORY, GERALD
STREET ADDRESS 15 BEGONIAS COURT
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE TD ☐ DELETE
NAME CUSTER, MARTHA
STREET ADDRESS 75 SYCAMORE CIRCLE
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE D ☐ DELETE
NAME MAWHINNEY, THOMAS A
STREET ADDRESS 1255 S. ESTAT PT
CITY-ST-ZIP INVERNESS FL 34451

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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)