

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # N29942 (2)
 1. Corporation Name
HIGHLANDS COUNTY AUDUBON SOCIETY, INC.



Principal Place of Business P.O. BOX 814 LAKE PLACID FL 33852	Mailing Address P.O. BOX 814 LAKE PLACID FL 33862-0814 US
---	--

3. Date Incorporated or Qualified 12/29/1988	3a. Date of Last Report 04/29/1996
--	--

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
---	--

4. FEI Number 59-2807100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RASMUSSEN, ALICE 347 ADAMS AVE LAKE PLACID FL 33852				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBENCHAIN, HELEN	1.2 NAME	
STREET ADDRESS	1504 BALSAM ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANCROFT, TOM	2.2 NAME	JOE SNOLL
STREET ADDRESS	550 BUCK ISLAND RANCH RD	2.3 STREET ADDRESS	111 RISING R ROAD
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEFE, DOCIE	3.2 NAME	BARBARA STRINGER
STREET ADDRESS	309 NW ORANGE RD	3.3 STREET ADDRESS	795 S. DUNCHRIS DR
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	LURA NOITORO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, ROBERT	4.2 NAME	459 CLARK AVE
STREET ADDRESS	456 BIRCH DR	4.3 STREET ADDRESS	LAKE PLACID, FL 33852
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKI, HENRY, A	5.2 NAME	
STREET ADDRESS	242 SERENADE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, ROBERT M	6.2 NAME	REED BOWMAN
STREET ADDRESS	BOX 2035	6.3 STREET ADDRESS	215 MINI RANCH RD
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP	SEBRING, FL 33870

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: *Heleen Obenchain* **HELEN OBENCHAIN** 4/23/97 (941) 465-2468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054124

CR2E037 (9/96)

DELETE

D

**Mark Deyrup
207 Adams Ave
Lake Placid**

D

**Nancy Deyrup
207 adams Ave
Lake Placid**

ADD

D

**Linda Stanford
5931 Hammock Rd
Sebring, Fl 33872**

D

**Theda Burgoyne
4808 Boabadilla Av
Sebring, Fl 33872**

NO CHANGE

D

**Vaughan Whitesides
514 Cottonwood dr.
Sebring, Fl**

D

**Ellsworth Rand
4422 Lafayette Av
Sebring, Fl 33872**

D

**Marie Rand
4422 Lafayette Av
Sebring, Fl 33872**

D

**Annabelle Spencer
4035 Garienda Av
Sebring, Fl 33872**