

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710205 (6)

1. Corporation Name

ORANGE AUDUBON SOCIETY, INC.



Principal Place of Business

P.O. BOX 1142
MAITLAND FL 32751

Mailing Address

P.O. BOX 1142
MAITLAND FL 32751

3. Date Incorporated or Qualified
01/17/1966

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 P.O. Box 941142

Suite, Apt. #, etc.

22

City & State

23

Zip

24 32794-1142

Country

2a. Mailing Address

26 P.O. Box 941142

Suite, Apt. #, etc.

27

City & State

28

Zip

29 32794-1142

Country

30

4. FEI Number

59-6182031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

STAMPS, ROBERT
6330 PLYMOUTH-SORRENTO RD.
APOPKA FL 32712

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
STAMPS, BOB
6330 PLYMOUTH-SORRENTO RD.
APOPKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
LEIBLER, TERRIE
104 E. LAUREN CT.
FERN PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
SATTERTHWAITE, LORETTA
6330 PLYMOUTH-SORRENTO RD.
APOPKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
KEIM, MARY
1584 OUTLOOK ST.
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
WINFREE, JOHN
5834 SHALE CT.
WINTER PARK FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

I

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

TD
Teresa Williams
2303 Randall Road
Winter Park, FL

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)(k), 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: Teresa Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/96 407/644-0796
Date Daytime Phone #

CR2E037 (12/95)