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Mar 13 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 # **710205** **(6)**

1. Corporation Name
ORANGE AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 941142 MAITLAND FL 32794-1142 US	P.O. BOX 941142 MAITLAND FL 32794-1142 US

3. Date Incorporated or Qualified: 01/17/1966
3a. Date of Last Report: 05/20/1996

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
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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 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

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 _______ (NOTE: Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	STAMPS, BOB	
STREET ADDRESS	6330 PLYMOUTH-SORRENTO RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	☐ DELETE
NAME	WILLIAMS, TERESA	
STREET ADDRESS	2303 RANDALL ROAD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	☒ DELETE
NAME	SATTERTHWAITE, LORETTA	
STREET ADDRESS	6330 PLYMOUTH-SORRENTO RD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	☒ DELETE
NAME	KEIM, MARY	
STREET ADDRESS	1584 OUTLOOK ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	WINFREE, JOHN	
STREET ADDRESS	5834 SHALE CT.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Tom Williams	
1.3 STREET ADDRESS	111 Foxridge Run	
1.4 CITY-ST-ZIP	Longwood, FL 32750	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	Marsha Butler	
3.3 STREET ADDRESS	PO Box 607652 N/A	
3.4 CITY-ST-ZIP	Orlando, FL 32860-7652	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	Peggy Cox	
4.3 STREET ADDRESS	9410 Oak Island Lane	
4.4 CITY-ST-ZIP	Clermont, FL. 34711	
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		

CR2E037 (9/96)

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: Teresa Williams 3/8/97 407/422-4254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Teresa Williams, As Treasurer
Date
Daytime Phone # 0015565