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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710205** (6)  
1. Corporation Name  
**ORANGE AUDUBON SOCIETY, INC.**



Principal Place of Business <b>P.O. BOX 941142 MAITLAND FL 32794-1142 US</b>	Mailing Address <b>P.O. BOX 941142 MAITLAND FL 32794-1142 US</b>
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3. Date Incorporated or Qualified <b>01/17/1966</b>	
4. FEI Number <b>59-6182031</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>

9. Name and Address of Current Registered Agent <b>STAMPS, ROBERT 6330 PLYMOUTH-SORRENTO RD. APOPKA FL 32712</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIAMS, TOM</b>	
STREET ADDRESS <b>111 FOXRIDGE RUN</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIAMS, TERESA</b>	
STREET ADDRESS <b>2303 RANDALL ROAD</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>BUTLER, MARSHA</b>	
STREET ADDRESS <b>P.O. BOX 607652 N/A</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>COX, PEGGY</b>	
STREET ADDRESS <b>9410 OAK ISLAND LANE</b>	
CITY-ST-ZIP <b>CLERMONT FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>WINFREE, JOHN</b>	
STREET ADDRESS <b>5834 SHALE CT.</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>SP</b>	<input type="checkbox"/> DELETE
NAME <b>Williams, Jenny</b>	
STREET ADDRESS <b>3802 N. Lake Orlando Parkway</b>	
CITY-ST-ZIP <b>Orlando, FL 32808</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>330 E. 11th Avenue</b>
3.4 CITY-ST-ZIP	<b>Mt. Dora, FL. 32757</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE: **ORANGE AUDUBON SOCIETY, INC.**

March 1, 1998 407/644-706

CR2E037 (1097)