

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90015 021 ****61.25

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DOCUMENT # 710205

1. Corporation Name

ORANGE AUDUBON SOCIETY, INC.

Principal Place of Business

P.O. BOX 941142
MAITLAND FL 32794-1142
US

Mailing Address

P.O. BOX 941142
MAITLAND FL 32794-1142
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/17/1966

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

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 **PD** ☒ DELETE

NAME **WILLIAMS, TOM**
STREET ADDRESS **111 FOXRIDGE RUN**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, TERESA**
STREET ADDRESS **2303 RANDALL ROAD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **VD** ☒ DELETE

NAME **BUTLER, MARSHA**
STREET ADDRESS **330 E 11TH AVE**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **SD** ☐ DELETE

NAME **WILLIAMS, JENNY**
STREET ADDRESS **3802 N LAKE ORLANDO PKWY**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VD** ☒ DELETE

NAME **WINFREE, JOHN**
STREET ADDRESS **5834 SHALE CT.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **PD** ☐ DELETE

NAME **PEGGY COX**
STREET ADDRESS **9410 OAK ISLAND LANE**
CITY-ST-ZIP **CLERMONT, FL 34711**

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.

Orange Audubon Society, Inc.

SIGNATURE: By: **TERESA WILLIAMS** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99 407/422-3996

Date

Daytime Phone #

X140

CR2E037 (11/98)