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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 710205

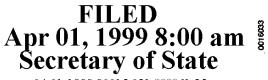
1. Corporation Name

ORANGE AUDUBON SOCIETY, INC.

| Principal Place of Busines | 5 |
|----------------------------|---|
| P.O. BOX 941142 | |
| MAITLAND FL 32794-1142 | |
| 110 | |

Mailing Address

P.O. BOX 941142



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



| MAITLAND FL 32794-1142 MAITLAND FL 32794-1142 US US | | | | | | | |
|---|--|----------------------------------|-------------|---|---|------------------|---------------------------------------|
| | lace of Business | 2a. Mailing Address | | | 3. Date incorporated or Qualifed 01/17/1966 | - | |
| 21 | # 440 | Suite, Apt. #, etc. | | | 4. FEI Number | Anr | olied For |
| Suite, Apt. | #, etc. | 27 – | | | 59-6182031 | | Applicable |
| City & Stat | e · | City & State | <u>'</u> | | 5. Certificate of Status Desired | \$8.75 A | dditional |
| 23 Zip | Country | Zip | Country | , | 6. Election Campaign Financing | \$5.00 | May Ro |
| - | 25 | | ¬ ' | | 6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| 24 | 9. Name and Address of Current | | , <u> </u> | | 10. Name and Address of New Register | | |
| | V. Name and Address of Warren | | 81 | Name | | | · · · · · · · · · · · · · · · · · · · |
| OTALIDO | DODEDT | | | | (D.O. Double black Association) | · · | <u> </u> |
| STAMPS, | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | • |
| | MOUTH-SORRENTO RD. | | 83 | i | | | ···· |
| APOPKA F | 'L 32/12 | | | | | | |
| | | | 84 | City | · F | 85 Zip C | ode |
| 11 Chambant | to the amuicions of Sections 617.050 | 2 and 617 1508 Florida Statutes | the show | e-named c | corporation submits this statement for the purpose | of changing its | registered |
| office or n | registered agent, or both, in the State of familiar with, and accept the obligat | of Florida. Such change was autr | iorizea by | tne corpor | ration's board of directors. I hereby accept the ap | pointment as reg | gistered |
| SIGNATURE | | | | | Quired when reinstating) DATE | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | | 13. | nt signature rec | quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | | RS IN 12 |
| | PD OFFICERS AN | D DIRECTORS DELETE | 1.1 TITLE | т | , | () Change | Addition |
| πιE | · • | DELETE. | | | | ٠٠٠ ١٠٠ ١٠٠ | _ |
| NAME | WILLIAMS, TOM | | 1.2 NAME | | | • | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | LONGWOOD FL | | 1.4 C/TY-5 | ST-ZIP | | [7] Change | Addition |
| TITLE | TD | ☐ DELETE ´ | 2.1 TITLE | | | Change | ☐ Addison |
| NAME | WILLIAMS, TERESA | | 2.2 NAME | | | | |
| STREET ADDRESS | 2303 RANDALL: ROAD | | 2.3 STREE | TADDRESS | · · · · · · · · · · · · · · · · · · · | | |
| CITY-ST-ZIP | WINTER PARK FL | | 2.4 CITY- | ST-ZIP | | | |
| TITLE | VD | DELETE | 3.1 TTTLE | ŀ | | - ☐ Change - | [Addition |
| NAME | BUTLER, MARSHA | | 3.2 NAME | i | · | | |
| STREET ADDRESS | 330 E 11TH AVE | | 3.3 STREE | TADDRESS | • • | | |
| CITY-ST-ZIP | MT DORA FL 32757 | | 3.4. CITY- | ST-ZIP | | | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | WILIAMS, JENNY | • | 4. 2 NAME | : | | | |
| STREET ADDRESS | 3802 N LAKE ORLANDO PKWY | | 4.3 STREE | TADDRESS | | | |
| CITY-ST-ZiP | ORLANDO FL 32808 | | 4.4 CITY-5 | ST-ZIP | | | |
| TITLE | VD | DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | WINFREE, JOHN | | 5.2 NAME | | | | |
| STREET ADDRESS | | • | 5.3 STREE | ET ADDRESS | | - | |
| CITY-ST-ZIP | WINTER PARK FL | | 5.4 CITY- | ST-ZIP | <u></u> | | |
| TITLE | PD | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | PEGGY COX | | 6.2 NAME | 1 | • | | |
| STREET ADDRESS | DAIL SAIR SAIR | LANE | 6.3 STREE | T ADDRESS | | | |
| Office, ADDICES | CLIPR MONT FL 3 | | 6.4 СПҮ- 3 | 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 suppliemental 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: 407/422-3996

SIGNATURE AND TYCES OR PRINTED WAME OF SHOUNG OFFICES OR DIRECTOR