

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/28/95--01030--011

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DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Corporation Name

N10952
Kissimmee Valley Audubon Society, Inc

Principal Place of Business

Mailing Address

P.O. Box 709

Intercession City, FL 33848

3. Date Incorporated or Qualified

3a. Date of Last Report

Feb, 1994

4. FBI Number

59-2290608

Applied For

Not Applicable

5. Certificate of Status Declared

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 709

26 P.O. Box 709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

Intercession City, FL

Intercession City, FL

24 Zip

25 Country

33848

USA

29 Zip

30 Country

33848

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ruth Clark
703 Duffer Ln
POINCIANA, FL 34759

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Ruth Clark

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD

NAME

STREET ADDRESS

CITY-ST-ZIP

Ruth Clark
703 Duffer Ln
POINCIANA, FL 34759

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD

NAME

STREET ADDRESS

CITY-ST-ZIP

LOUISE CAMPBELL
802 S. CLARE
KISSIMMEE, FL 34741

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD

NAME

STREET ADDRESS

CITY-ST-ZIP

RITA LEURCAULT
2710 DOWNING DR
KISSIMMEE, FL 34758

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DC

NAME

STREET ADDRESS

CITY-ST-ZIP

ELIZABETH STEFFEE
404 S. VERNON LN
KISSIMMEE, FL 34741

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DC

NAME

STREET ADDRESS

CITY-ST-ZIP

JAMES CAMPBELL
802 S. CLARE
KISSIMMEE, FL 34741

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SECY

NAME

STREET ADDRESS

CITY-ST-ZIP

S: DIANNE PACKER
4537 YORKSHIRE LN
KISSIMMEE, FL 34758

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

SECRETARY (S)
DIANNE PACKER
4537 YORKSHIRE LN
KISSIMMEE, FL 34758

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-DIANNE PACKER

6-3-95

407 931 3741