FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N10952 DOCUMENT #
1. Corporation Name

(2)

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.								
Principal Place of Business Mailing Address					}{4100 001 1101 0010 1010 0101 01110 110	DY MINIS RINIL ALDRI ALONI AIN	DII BIBII (DDI	
P.O. BOX 709 INTERCESSION CITY FL 33848 P.O. BOX 709 INTERCESSION CITY FL 33848								
				3. Date In 09	ncorporated or Qualified 0/03/1985	3a. Date of Last R 06/26/199	eport 35	
Principal Place of Business 2a. Mailing Address				EU-3300C00		oplied For		
21 103 Duffer Lane		26		/ 38	Thorappine 1 Thorappine		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing \$5,00 May Be			
	immee, Floride	28		1	Trust Fund Contribution Rose Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24 34	759 25 U.S.A.	29	30			Yes X No		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name	and Address of New Reg			
Clark Fornest								
					ess (P.O. Box Number is Not Acceptable)			
703 DUFFER LN. POINCIANA FL 34759				703 Duffer Lane				
POMOM	NA FE 34/39		KISSIMMEE FI					
			84 City		,	FL 85 Zip	Code 1757	
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 age	nt and title if applicable (NC	TE: Registered Agent signature	required when reinstating)		DATE		
12.		ND DIRECTORS	13.	Τίζιζη	IONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Pres.	lark Forrer 13 Duffer Li 6 incland, Fl flexander, R 1587 Compas	Change	Addition	
NAME	CLARK, RUTH		1.2 NAME	. C	ISAK LONAS	া		
STREET ADDRESS	703 DUFFER LN		1.3 STREET ADDRESS	74	12 Dritter C	η - 24.=.~6		
CITY-ST-ZIP	POINCIANA FL 34759	Chorusts.	1.4 CITY - ST - ZIP	1 n	Dinciona, FI	, 2475 Y	Addition	
TITLE	CAMPBELL LOUICE	DELETE	2.1 TITLE	Virnes, 7	Hexander, 15	sode Aracualda	Audition	
NAME	CAMPBELL, LOUISE 802 S CLYDE AVE		2.2 NAME 2.3 STREET ADDRESS		1587 Compa:	ss Court	_	
STREET ADDRESS	KISSIMMEE FL 34741		2 4 CITY-ST-ZIP	1	KISS IMMOR, FI.	34744-060	4	
CITY-ST-ZIP TITLE	TD	DELETE	31 TITLE	Theas.	legreault.	Rita D'Change	Addition	
NAME	LEVREAULT, RITA	,	· 3.2 NAME		Levre aut, 2710 Doconing	L Do		
STREET ADDRESS	2710 DOWNING DR		3.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34758		3.4. CITY-ST-ZIP		Kissimmee			
TITLE	DC	DELETE	4.1 TITLE	Hen, at	steffee, El	1124 beth Sav	∟ ∐ Addition •€	
NAME	STEFFEE, ELIZABETH		4. 2 NAME	3	404 SiVer			
STREET ADDRESS	404 S. VERNON AVE		4.3 STREET ADDRESS			40, Fl. 34	74 l	
CITY-ST-ZIP TITLE	KISSIMMEE FL 34741 DC	DELETÉ	4.4 CITY - ST - ZIP 5.1 TITLE	Mem. at	112 12 4 a 1 -	7 Change	Addition	
NAME	CAMPBELL, JAMES		5.2 NAME	Large	1170 SA.	HIAM		
STREET ADDRESS	802 S CLYDE AVE		5.3 STREET ADDRESS		Mælatesta 1170 S.Co Davenport	Fl. 333	-	
CITY-ST-ZIP	KISSIMMEE FL 34741		5.4 CITY - ST - ZIP				1-9641	
TITLE	S	DELETE	61 TITLE	S,	Packer, Dork	an wo 🗌 Change	☐ Addition	
NAME	PACKER, DIANNE		6.2 NAME		4537 York	ishive Ly		
STREET ADDRESS	4537 YORKSHIRE LN		6.3 STREET ADDRESS		Kissimmee			
CITY-ST-ZIP	KISSIMMEE FL 34758		6.4 CITY - ST - ZIP	1				
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 119.07(3)(k). 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: __