FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
99 JUN 11 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10952** **(2)**

1. Corporation Name

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 709 INTERCESSION CITY FL 33848	P.O. BOX 709 INTERCESSION CITY FL 33848

3. Date Incorporated or Qualified: 09/03/1985

4. FEI Number: 59-2290608 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: PO BOX 115
22: Suite, Apt. #, etc.
23: City & State: KISSIMMEE FL
24: Zip: 34742-0115 25: Country

2a. Mailing Address
26: PO BOX 115
27: Suite, Apt. #, etc.
28: City & State: KISSIMMEE FL
29: Zip: 34742-0115 30: Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, RUTH
703 DUFFER LN.
POINCIANA FL 34759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) -06/16/98--01061--005

83 *****61.25 *****61.25

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: Ruth B. Clark, RUTH B. CLARK — 4/11/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	FORRESTS, CLARK		1.2 NAME	LEVRAULT, RITA	
STREET ADDRESS	709 DUFFER LANE		1.3 STREET ADDRESS	2710 DOWNING DRIVE	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VP	☐ DELETE	2.1 TITLE	P-D	☒ Change ☐ Addition
NAME	MOSS, NORMAN		2.2 NAME	MOSS, NORMAN	
STREET ADDRESS	12771 MONTANA WOODS LANE		2.3 STREET ADDRESS	12771 MONTANA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T-D	☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	FISHMAN, JERROLD T.		3.2 NAME	PRITT, STEVE	
STREET ADDRESS	2343 SIESTA LANE		3.3 STREET ADDRESS	PO BOX 420043 N/A	
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP	KISSIMMEE FL 34742-0043	
TITLE	DC	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	STEFFEE, ELIZABETH		4.2 NAME	TINSLEY, JOANN	
STREET ADDRESS	404 S. VERNON AVE		4.3 STREET ADDRESS	1590 FRANCIS ST	
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP	KISSIMMEE FL 34744-6217	
TITLE	VP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MARSHALL, MARTHA		5.2 NAME	MALATESTA, ALAN	
STREET ADDRESS	14146 FLAMINGO DRIVE		5.3 STREET ADDRESS	1170 S. GOODMAN RD	
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP	DAVENPORT FL 33837-9091	
TITLE	DC	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, RUTH		6.2 NAME		
STREET ADDRESS	703 DUFFER LAND		6.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		6.4 CITY-ST-ZIP		

4-12-98

CR2E037 (10/97)

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: Jerrold Fishman — JERROLD FISHMAN — 4-11-98 — 407-849-6060