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
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90001 007 *****61.25

DOCUMENT # N10952

1. Corporation Name

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 115 KISSIMMEE FL 34742-0115	P.O. BOX 115 KISSIMMEE FL 34742-0115

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/03/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2290608 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, RUTH 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVREAULT, RITA		1.2 NAME		
STREET ADDRESS	2710 DOWNING DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34758		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSS, NORMAN		2.2 NAME		
STREET ADDRESS	12771 MONTANA WOODS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHMAN, JERROLD T.		3.2 NAME		
STREET ADDRESS	2343 SIESTA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRITT, STEVE		4.2 NAME		
STREET ADDRESS	P.O. BOX 420043 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34742-6217		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TINSLEY, JOANN		5.2 NAME		
STREET ADDRESS	1590 FRANCIS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744-6217		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MALATESTA, ALAN		6.2 NAME		
STREET ADDRESS	1170 S GOODMAN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL 33837-9091		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.

SIGNATURE: SIGNATURE REQUIRED 1/20/99 407-888-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)