2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# N10952

Entity Name: KISSIMMEE VALLEY AUDUBON SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 420115
KISSIMMEE, FL 347420115

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420115
KISSIMMEE, FL 347420115

New Mailing Address:

FEI Number: 59-2290608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, NORMAN S
4781 S. ORANGE AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

ROSEN, LARRY
P.O. BOX 420115
KISSIMMEE, FL 34742 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY ROSEN 02/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: LEVREAULT, RITA
Address: 2710 DOWNING DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: PD ( ) Delete
Name: MOSS, NORMAN
Address: P.O. BOX 593436
City-St-Zip: ORLANDO, FL 328593436

Title: TD ( ) Delete
Name: WOESSENR, GRACE
Address: 4126 BLACKPOWDER
City-St-Zip: KISSIMMEE, FL 34741

Title: V ( ) Delete
Name: ADAMS, PETE
Address: 1814 HENRY ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Delete
Name: ROSEN, LARRY
Address: 816 WHALEBONE BAY DR.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: LEVREAULT, RITA
Address: 2710 DOWNING DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: PRES (X) Change ( ) Addition
Name: ROSEN, LARRY
Address: P.O. BOX 420115
City-St-Zip: KISSIMMEE, FL 34742

Title: TRES (X) Change ( ) Addition
Name: ADAMS, PETER
Address: P.O. BOX 420115
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change ( ) Addition
Name: ADAMS, PETER
Address: 1814 HENRY ST.
City-St-Zip: KISSIMMEE, FL 34742

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ROSEN PRES 02/17/2005
Electronic Signature of Signing Officer or Director Date