

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90211 002 ****61.25

DOCUMENT # N10952 1. Entity Name KISSIMMEE VALLEY AUDUBON SOCIETY, INC.					
Principal Place of Business P.O. BOX 420115 KISSIMMEE, FL 34742-0115			Mailing Address P.O. BOX 420115 KISSIMMEE, FL 34742-0115		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSEN, LARRY P.O. BOX 420115 KISSIMMEE, FL 34742			Name ROSEN, LARRY Street Address (P.O. Box Number is Not Acceptable) 816 WHALEBONE BAY DR. KISSIMMEE, City FL Zip Code 34741		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Larry Rosen LARRY ROSEN</u> DATE <u>4/22/2006</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SEC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEVREULT, RITA		NAME		
STREET ADDRESS	2710 DOWNING DRIVE		STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE, FL 34758		CITY - ST - ZIP		
TITLE	PRES	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	ROSEN, LARRY		NAME	ROSEN, LARRY	
STREET ADDRESS	P.O. BOX 420115		STREET ADDRESS	816 WHALEBONE BAY DR.	
CITY - ST - ZIP	KISSIMMEE, FL 34742		CITY - ST - ZIP	KISSIMMEE, FL, 34741	
TITLE	TRES	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ADAMS, PETER		NAME	DIENER, RICHARD	
STREET ADDRESS	P.O. BOX 420115		STREET ADDRESS	4260 VILLAGE DR, APT. #117	
CITY - ST - ZIP	KISSIMMEE, FL 34741		CITY - ST - ZIP	KISSIMMEE, FL, 34746	
TITLE	VP	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ADAMS, PETER		NAME	CHOLLEY, PEGGY	
STREET ADDRESS	1814 HENRY ST.		STREET ADDRESS	1444 FLAMINGO DR	
CITY - ST - ZIP	KISSIMMEE, FL 34742		CITY - ST - ZIP	KISSIMMEE, FL, 34746	
TITLE		☒ Delete	TITLE	☒ Change ☒ Addition	
NAME			NAME	VPROGEWITZ, JOE	
STREET ADDRESS			STREET ADDRESS	21 WESTCHESTER DR	
CITY - ST - ZIP			CITY - ST - ZIP	KISSIMMEE, FL, 34744	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Larry Rosen LARRY ROSEN</u>			DATE: <u>4/22/2006</u> TELEPHONE: <u>407-729-5168</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		