## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # N10952 04-18-2007 90194 016 \*\*\*\*61.25 KISSIMMEE VALLEY AUDUBON SOCIETY, INC. Principal Place of Business Mailing Address P.O. BOX 420115 P.O. BOX 420115 KISSIMMEE, FL 34742-0115. KISSIMMEE, FL 34742-0115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 816 WHALE BONE BAYOR Suite, Apt. #, etc Suite, Apt. #, etc. 03212007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2290608 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, LARRY 816 WHALEBONE BAY DR Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34741 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **Delete** TITLE Addition MULROONEY, SANDIE NAME LEVREAULT, RITA NAME 2546 OAK HOLLOW DR. KISSIMMEE,FL, 34744 2710 DOWNING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZtP KISSIMMEE, FL 34758 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition ROSEN, LARRY NAME NAME STREET ADDRESS 816 WAHLEBONE BAY DR STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIENER, RICHARD NAME STREET ADDRESS 4360 VILLAGE DR APT 117 STREET ADDRESS CITY-ST-ZIP. KISSIMMEE, FL 34746 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHOLLEY, PEGGY NAME NAME STREET ADDRESS 1444 FLAMINGO DR STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition ROGENITE, JOE NAME NAME ROGEWITZ STREET ADDRESS 21 WESTCHESTER AVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP 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:

reasurer

04/15/07 (407)944-0414