2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10952

FILED Apr 27, 2009 Secretary of State

Entity Name: KISSIMMEE VALLEY AUDUBON SOCIETY, INC. **Current Principal Place of Business: New Principal Place of Business:** 816 WHALE BONE BAY DR. KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** P.O. BOX 420115 KISSIMMEE, FL 347420115 FEI Number: 59-2290608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSEN, LARRY 816 WHALEBONE BAY DR KISSIMMEE, FL 34741 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MULROONEY, SANDIE Name: Name: Address: 2546 OAK HOLLOW DR Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ROSEN, LARRY Name: ROSEN, LARRY Address: 815 WHALEBONE BAY DR Address: 816 WHALEBONE BAY DR City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: (X) Change () Addition DIENER, RICHARD DIENER, RICHARD L Name: Name: 4360 VILLAGE DR APT 117 4260 VILLAGE DR APT 117 Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 Title: VΡ () Delete Title: () Change () Addition CHOLLEY, PEGGY Name: Name: Address: 1444 FLAMINGO DR Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD L DIENER T 04/27/2009