

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90118 047 ****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

22002034



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2290608**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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	S	<input type="checkbox"/> Delete
NAME	LEVREault, RITA	
STREET ADDRESS	2710 DOWNING DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSS, NORMAN	
STREET ADDRESS	P.O. BOX 593436	
CITY-ST-ZIP	ORLANDO FL 32859-3436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GENDALL, GEORGE	
STREET ADDRESS	2207 EAGLES LANDING WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRITT, STEVE	
STREET ADDRESS	P.O. BOX 420043 N/A	
CITY-ST-ZIP	KISSIMMEE FL 34742-6217	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, GARY	
STREET ADDRESS	601 DAKOTA AVENUE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALATESTA, ALAN	
STREET ADDRESS	1170 S GOODMAN RD	
CITY-ST-ZIP	DAVENPORT FL 33837-9091	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grayce Woessner	
STREET ADDRESS	4126 Blackpowder	
CITY-ST-ZIP	Kissimmee, Florida 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **SIGNATURE REQUIRED** Norman S. Moss

(407)888-3332

CR2E037 (10/02)