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

DOCUMENT # N10952

1. Entity Name

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.



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

02-04-2003 90118 047 ****61.25

				OOD W	13.00						
P.O. BOX 420115 P.O.			P.O. BOX 420115			22UU2UJ4					
2. Principal Place of Business 3. Mi			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-2290608				oplied For	
	Country	Zip	(ip Cour			ntry 5. Certificate of S		tatus Desired		.75 Additional	
6. Name and Address of Current Register			d Agent								
MOSS, NORMAN S 4781 S. ORANGE AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
FL 32806		-					FI	Zip Cod	e		
named entity ons of regist	submits this statement for ered agent.	the purpose of changing	its register	<u>l</u> ed office or	registere	ed agent, or both, in t	he State of Florid		l niliar with,	and accept	
ignature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signatu	re required	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State				
	OFFICERS AND DIR	ECTORS	11.		A	DDITIONS/CHANGE	S TO OFFICERS	AND DIRE	CTORS IN	10	
S LEVREAULT, RITA 2710 DOWNING DRIVE		☐ Delete	NAM STRE	E Et adoress						Addition	
PD Moss, No	DRMAN	☐ Delete	TITLE	:		,			☐ Change	☐ Addition	
ORLANDO FL 32859-3436			CITY-	-ST-ZIP		Canada to the trans			· **		
GENDALL, GEORGE 2207 EAGLES LANDING WAY KISSIMMEE FL 34744			NAMI STRE	ET ADDRESS	Gra 412	yce Woessner 6 Blackpowder				⊠ Addition	
P.O. BOX	420043 N/A	☐ Delete	NAME STREE	ET ADDRESS						Addition	
/ Graham, (501 dako)	GARY TA AVENUE	⊠ Delete	NAME STREE	ET ADDRESS		· · · ·		Ε	Change	Addition	
MALATESTA, ALAN 170 S GOODMAN RD DAVENPORT FL 33837-9091		NAME STREE CITY-	T ADORESS ST-ZIP			.,		_	Addition		
	6. Name 7. etc. 6. Name 6. Name 7. etc. 6. Name 8. etc. 6. etc	Country 6. Name and Address of Current Country 6. Name and Address of Current CRMAN S RANGE AVENUE FL 32806 CILE NOW: FEE IS \$61.25 OFFICERS AND DIR S LEVREAULT, RITA 2710 DOWNING DRIVE KISSIMMEE FL 34758 PD MOSS, NORMAN P.O. BOX 593436 ORLANDO FL 32859-3436 TD GENDALL, GEORGE 2207 EAGLES LANDING WAY KISSIMMEE FL 34744 V PRITT, STEVE P.O. BOX 420043 N/A KISSIMMEE FL 34742-6217 GRAHAM, GARY SO1 DAKOTA AVENUE ST CLOUD FL 34769 MALATESTA, ALAN 1170 S GOODMAN RD DAVENPORT FL 33837-9091	P.O. BOX 420115 RISSIMMEE FL 34742-0 RIC Suite, Apt. #, etc. City & State Country City & State City & State City & State City & State Country City & State City & State	P.O. BOX 420115 P.O. BOX 420115 RISSIMMEE FL 34742-0115 Range of Business J. Mailing Address J. Mailing Address J. Mailing Address J. State Country Zip Country Zip Country Zip Country Zip Country J. J. Country J. Countr	Mailing Address P.O. BOX 420115 Sace of Business A Mailing Address P.O. BOX 420115 Sace of Business A Mailing Address P.O. BOX 420115 Sace of Business A Mailing Address A Mailin	Mailing Address 15 P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business 3. Mailing Address P.O. BOX 420115 Size of Business P.O. Box 420145 Size of Business P.O. BOX 420145 Size of Address of Current Registered Agent P.O. BOX 593436 P.O. BOX 420145 P.O. BOX 42015 P.O. BOX 420145 P.O. BO	Mailing Address 5 P.O. BOX 42015 Mailing Address 5 P.O. BOX 42015 Mailing Address 5 P.O. BOX 42015 Mailing Address 6 P.O. BOX 42015 Mailing Address 7 P.O. BOX 42015 Mailing Address 7 P.O. BOX 42015 Mailing Address 8 P.O. BOX 42015 Country Zip Country 5. Certificate of Size of Si	Molling Address S	The Market Properties of Parameters of Business Address P.O. BOX 420115 See of Business S. Mailing Address P.O. BOX 420115 Subs. Apt. 9, etc. Check Here if Making Address Country Z.p Country S. Certificate of Status Desired P. B. Certificate of Status Desired P. B. Box 420115 British S. RAME and Address of Current Registered Agent T. Name and Address of New Registered Agent Subset Address (P.O. Box Number is Not Acceptable) PRIMAN S. RAMGE AVENUE City F.L. Semed centry submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrica. I am for no of registered agent. D. Box Number is Not Acceptable) PRIMAN S. RAMGE AVENUE City F.L. Semed centry submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrica. I am for no of registered agent. D. Box Number is Not Acceptable) DATE City F.L. Semed centry submits his statement for the purpose of changing its registered agent or both, in the State of Ficrica. I am for no of registered agent. D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable of Ficrica. I am for no of registered agent, or both, in the State of Ficrica. I am for no of registered agent, or both, in the State of Ficrica. I am for no of registered agent, or both, in the State of Ficrica. I am for no of registered agent, or both, in the State of Ficrica. I am for no of registered agent. D. Box Number is Not Acceptable) DATE D. Box Number is Not Acceptable D. Box Number is Not Accep	Address P.O. Box 42015 AS Mailing Address P.O. Box 42015 ASSIMMER R. 34742015 AS Mailing Address P.O. Box 42015 ASSIMMER R. 34742015 AS Mailing Address P.O. Box 42015 AS Mailing Address P.O. Box 42015 ASSIMMER R. 34742015 AS Mailing Address P.O. Box 42015 AS Mailing Address P.O. Box 12015 AS Mailing Address P.O. Box 120	

12 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 impowered 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 accuracy with all other like empowered.

SIGNATURE:

URE REQUIRENOrman S. Moss

(407).888 - 3332