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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17673** **(7)**

1. Corporation Name
MARION AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 535 ORANGE SPRINGS FL 32182	P.O. BOX 535 ORANGE SPRINGS FL 32182-0535

3. Date Incorporated or Qualified: **11/05/1986**
3a. Date of Last Report: **12/13/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2748105** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BALDWIN, JERI V
6411 NE 217TH PLACE
ORANGE SPRINGS FL 32113

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jeri Baldwin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, JERI		1.2 NAME		
STREET ADDRESS	P.O. BOX 535, N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPRINGS FL 32182		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	LOVE, RON		2.2 NAME	Dilling, Tom	
STREET ADDRESS	13050 HIGHWAY 318		2.3 STREET ADDRESS	2200 SE Laurel Run Dr.	
CITY-ST-ZIP	WILLISTON FL 32696		2.4 CITY-ST-ZIP	Ocala, FL 34491	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	OLSON, BETTY		3.2 NAME	Melander, Jim	
STREET ADDRESS	4300 SW 43RD CT.		3.3 STREET ADDRESS	1810 N. Glenoaks Rd.	
CITY-ST-ZIP	OCALA FL 34474		3.4 CITY-ST-ZIP	Ocala, FL 34472	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	MCCLELLAN, JANE		4.2 NAME	Olson, Betty	
STREET ADDRESS	2839 NE 14TH AVENUE		4.3 STREET ADDRESS	4300 SW 43rd Ct.	
CITY-ST-ZIP	OCALA FL 34470		4.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIELLING, MARGE		5.2 NAME		
STREET ADDRESS	P.O. BOX 279, N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MCCOY FL 32134		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	SHAW, DON		6.2 NAME	Melander, Ginny	
STREET ADDRESS	4350 SW 145TH STREET		6.3 STREET ADDRESS	1810 N. Glenoaks Rd.	
CITY-ST-ZIP	BELLEVIEW FL		6.4 CITY-ST-ZIP	Ocala, FL 34472	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Jeri Baldwin