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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 11/05/1986

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: NA
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	BALDWIN, JERI		1.2 NAME	WILLIAM MACDONALD	
STREET ADDRESS	P.O. BOX 535, N/A		1.3 STREET ADDRESS	120 S.E. 18TH PLACE	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182		1.4 CITY-ST-ZIP	OCALA, FLORIDA 34471	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	DRILLING, TOM		2.2 NAME	DOUG OWEN	
STREET ADDRESS	2200 S.E. LAUREL RUN DR.		2.3 STREET ADDRESS	5311 N.E. 20TH COURT	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FLORIDA 34479	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MCINTOSH, JIM		3.2 NAME	KATHY OWEN	
STREET ADDRESS	1810 A. W. GLENEAGLES RD		3.3 STREET ADDRESS	5311 N.E. 20TH COURT	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA, FLORIDA 34479	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OLSON, BETTY		4.2 NAME		
STREET ADDRESS	4300 S.W. 43RD CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	MCINTOSH, GINNY		6.2 NAME		
STREET ADDRESS	1810 A W. GLENEAGLES RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 SIGNATURE REQUIRED JERI BALDWIN 11 JANUARY, 1998 352-595-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #