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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17673**

1. Corporation Name
**MARION AUDUBON SOCIETY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 535<br>ORANGE SPRINGS FL 32182 | P.O. BOX 535<br>ORANGE SPRINGS FL 32182 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>11/05/1986 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2748105 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 1 March, 1999
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 | ☐ Change ☐ Addition |
| NAME | DRILLING, TOM | | 2.2 NAME | |
| STREET ADDRESS | 2200 S.E. LAUREL RUN DR. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | | 2.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCINTOSH, JIM | | 3.2 NAME | |
| STREET ADDRESS | 1810 A. W. GLENEAGLES RD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | | 3.4 CITY-ST-ZIP | |
| 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 (11/98)

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, with all other like empowered.

**SIGNATURE:** Jeri Baldwin **SIGNATURE REQUIRED** 1 March, 1999 352-595-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #