AMENDED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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08-30-2004 90012 020 ****61.25
N17673
FILED
04 SEP -3 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (4/04)

DOCUMENT # N17673

1. Entity 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

2. Principal Place of Business	3. Mailing Address
PO BOX 5616	PO BOX 5616
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FLORIDA	City & State: OCALA, FLORIDA
Zip: 34478 Country: MARION	Zip: 34478 Country: MARION

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

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
BALDWIN, JERI V 6411 NE 217TH PLACE CITRA FL 32113	Name: ROBERT A. STENSTREAM Street Address (P.O. Box Number is Not Acceptable): 4200 SW 7TH AVE. ROAD City: OCALA FL Zip Code: 34474

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: Robert A. Stenstream AUGUST 25, 2004
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
Due By September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALDWIN, JERI P.O. BOX 535, N/A ORANGE SPRINGS FL 32182	☒ Delete	TITLE BD NAME STREET ADDRESS CITY-ST-ZIP	KIPPES, MACHELLA 1731 NE 36TH AVE #16 OCALA, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CC BIELLING, MARGY P O BOX 279 FORT MC COY FL 32134	☐ Delete	TITLE BD NAME STREET ADDRESS CITY-ST-ZIP	HRYCUNA, KATHY 4295 SE 61ST STREET OCALA, FL 34480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KONICKE, JENNIE 11574 SW. 69TH CIRCLE OCALA FL 34476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STENSTREAM, BARBARA 4200 SW 7TH AVE ROAD OCALA FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STENSTREAM, BOB 4200 SW 7TH AVE. OCALA FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD O'LENICK, ERIKA PO BOX 1836 SILVER SPRINGS FL 34489	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert A. Stenstream AUGUST 25, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT A. STENSTREAM V.P. 352-861-8559