2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17673

1. Entity Name
MARION AUDUBON SOCIETY, INC.

FILED
Feb 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
P.O. BOX 5616 OCALA, FL 34478	P.O. BOX 5616 OCALA, FL 34478

02022006 No Chg-NP CR2E037 (11/05)

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

STENSTREAM, ROBERT A
4200 SW 7TH AVE ROAD
OCALA, FL 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 2-3-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

U00000423745
02/18/06-80010-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	BD
NAME	KIPPES, MACHELLA
STREET ADDRESS	1731 NE 36TH AVE #16
CITY-ST-ZIP	OCALA, FL 34470
TITLE	CC
NAME	BIELLING, MARGY
STREET ADDRESS	P O BOX 279
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	S
NAME	KONICKE, JENNIE
STREET ADDRESS	11574 SW. 69TH CIRCLE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	T
NAME	STENSTREAM, BARBARA
STREET ADDRESS	4200 SW 7TH AVE ROAD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VP
NAME	STENSTREAM, BOB
STREET ADDRESS	4200 SW 7TH AVE.
CITY-ST-ZIP	OCALA, FL 34474
TITLE	BOD
NAME	O'LENICK, ERIKA
STREET ADDRESS	PO BOX 1836
CITY-ST-ZIP	SILVER SPRINGS, FL 34489

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-3-06 352-861-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #