2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N17673

1. Entity Name
MARION AUDUBON SOCIETY, INC.

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

01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000921033
05/14/08-80066-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	COYNERS, ROSALIE
STREET ADDRESS	5103 NE 60TH TERR
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	CC
NAME	BIELLING, MARGY
STREET ADDRESS	P O BOX 279
CITY-ST-ZIP	FORT MC COY, FL 32134
TITLE	BOD
NAME	KONICKE, JENNIE
STREET ADDRESS	11574 SW. 69TH CIRCLE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	T
NAME	SUTTON, LARRY
STREET ADDRESS	1210 SE 14TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	P
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

DO NOT WRITE IN THIS SPACE

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 4/23/08 352 622 8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #