

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 015 ***150.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N17673 1. Entity Name MARION AUDUBON SOCIETY, INC.			
Principal Place of Business P.O. BOX 535 ORANGE SPRINGS, FL 32182		Mailing Address P.O. BOX 535 ORANGE SPRINGS, FL 32182	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country USA	Zip	Country USA
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 BALDWIN, JERI V 6411 NE 217TH PLACE ORANGE SPRINGS, FL 32113		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Jeri Belluria</i></u> DATE <u>22 April, 2003</u> (NOTE: Registered Agent signature required when registering)			
FILE NOW: FEE IS \$61.25		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-STATE-ZIP	PD BALDWIN, JERI P.O. BOX 635, N/A ORANGE SPRINGS, FL 32182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BOB STROUSEM 4200 S.W. 7th Avenue Road OCALA, FLORIDA 34474 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BIELLING, MARCY P O BOX 279 FORT MC COY, FL 32134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CORRECT TO MARGY ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD OLSON, BETTY 4300 S.W. 43RD CT OCALA, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JEANIE KONICK 11574 S.W. 69th Circle OCALA, FLORIDA 34476 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MILLINOTON, MACHELLA 1731-NE 36TH AVE #16 OCALA, FL 34470 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KLEIN, STEVE P O BOX 850 ALTOONA, FL 327020850 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <u><i>Jeri Belluria</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>22 April, 2003</u> DATE PHONE: <u>352-595-3377</u> CARRIER PHONE #	

CR2E037 (10/02)