## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

**19**98

**BOCA RATON FL 33486** 



FLORIDA DEPARTMENT OF STATE

Sendra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4457

(7)

## AUDUBON FOUNDATION FOR THE ENVIRONMENT, INC.

FILED
May 20 1998 8:00am
Secretary of State

Principal Place of Business	3	Mailing Address			T CONTROL ELL BERLL CIERT BISHT HORN LORD STORE BION BERLL BIOS GURIL BION BION BION			
7586 SIERRA DRIVE BOCA RATON FL 33433 US		7586 SIERRA DRIVE BOCA RATON FL 33433 US			3. Date Incorporated or Qualified  08/06/1991  4. FEI Number Applied For  65-0311971 Not Applicable			
2. Principal Place of Business		2a. Mailing Address 26			5. Certificate of Status Desired Security \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes   No			
	Country 25	Zip 29	30 Co	untry	8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30.  Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
MAURER, JANI E. E 1489 W. PALMETTO SUITE 440				81 Name 82 Street Addres 83	ess (P.O. Box Number is Not Acceptable)			

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.

agent. I a	m lamiliar with, and accept the obligations of	of, Section 617. <b>0</b> 503, Flo	rida Statutes		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE	Signature, typed or printed name of registered agent and till	a il annicable (AIOTE	Registered Agent signature requir	rod whoo reinstation	DATE		
12.	OFFICERS AND DIRECTORS		13.		NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	DELETE	1.1 TITLE		Change	Addition	
NAME	O'ROURKE, GEORGE		1.2 NAME		_	-	
STREET ADDRESS	7586 SIERRA DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	80CA RATON FL		1.4 CITY - ST - ZIP				
TITLE	PD	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	KAMEN, ADELINE		2.2 NAME				
STREET ADDRESS	14721 BONAIRE BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>		2. 4 CITY+ST-ZIP				
TITLE	DV	☐ DÉLETE	3.1 TITLE		☐ Change	Addition	
NAME	PEYTON, ANN		3.2 NAME				
STREET ADDRESS	446 N.W. 5TH AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP				
TITLE	\$D	☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME	Parmalee, alan		4. 2 NAME				
STREET ADDRESS	4765 N.W. 6TH CT		4.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP				
TITLE	0	☐ DELETE	5.1 TITLE		Change	Addition	
NAME	<b>GE</b> LLER, HERMAN		5.2 NAME				
STREET ADDRESS	14425 STRATHMORE LANE		5.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 City-ST-ZIP				

14. Thereby 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 of supplemental annual eport 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 corpor proper to be the receiver or further empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapter 617.

CICNIATURE

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