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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90079 035 \*\*\*\*61.25

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**DOCUMENT # N44577**

1. Corporation Name

**AUDUBON FOUNDATION FOR THE ENVIRONMENT, INC.**

Principal Place of Business

7586 SIERRA DRIVE  
BOCA RATON FL 33433  
US

Mailing Address

7586 SIERRA DRIVE  
BOCA RATON FL 33433  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/06/1991

4. FEI Number

65-0311971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MAURER, JANI E. ESQ.**  
**1489 W. PALMETTO PARK ROAD**  
**SUITE 440**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TD O'ROURKE, GEORGE**  
STREET ADDRESS **7586 SIERRA DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME **PD KAMEN, ADELINE**  
STREET ADDRESS **14721 BONAIRE BLVD.**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **DV PEYTON, ANN**  
STREET ADDRESS **446 N.W. 5TH AVE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME **SD PARMALEE, ALAN**  
STREET ADDRESS **4765 N.W. 6TH CT**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **D GELLER, HERMAN**  
STREET ADDRESS **14425 STRATHMORE LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George O'Rourke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

**561-393-1566**

Daytime Phone #

CR2E037 (11/98)