FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06661 (5)

1. Corporation Name

EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8225 N WICKHAM ROD MELBLURNE FL 32940	8225 N WICKHAM ROD MELBLURNE FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2496749 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BEADLE, JAMES P.
5205 BABCOCK ST. NE
PALM BAY FL 32905

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SWANN, JIM	1.2 NAME	William Catambay	
STREET ADDRESS	1525 SOUTH TROPICAL TRAIL	1.3 STREET ADDRESS	490 Lanternback Island Dr.	
CITY-ST-ZIP	MERRITT ISLAND,F L FL 32952	1.4 CITY-ST-ZIP	Satellite Beach, FL. 32937	
TITLE	D	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	COLLINS, MARILYNN	2.2 NAME	Susan Weber	
STREET ADDRESS	324 POLARIS DR	2.3 STREET ADDRESS	405 Greenview Rd.	
CITY-ST-ZIP	SATELLITE BEACH FL	2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	T	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ROSENFIELD, KENNETH	3.2 NAME	Elise G. Vaughn	
STREET ADDRESS	200 S. ORANGE AVE. #1400	3.3 STREET ADDRESS	901 E. Melbourne Ave.	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	Melbourne, FL. 32901	
TITLE	PD	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	BEADLE, JAMES	4.2 NAME	Kenneth Rosenfield	
STREET ADDRESS	5205 BABCOCK ST NE	4.3 STREET ADDRESS	200 S. Orange Ave. #1400	
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Orlando, FL. 32801	
TITLE	VP	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BUCHANAN, MARK	5.2 NAME	Elizabeth (Jonnie) Swann	
STREET ADDRESS	2901 N INDIAN RIVER DR	5.3 STREET ADDRESS	1525 S. Tropical Trail	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	S	6.1 TITLE	D.	☐ Change ☒ Addition
NAME	VAUGHN, ELISE	6.2 NAME	Peter J. Cunningham	
STREET ADDRESS	2007 SOUTH MELBOURNE CT.	6.3 STREET ADDRESS	838 Nassau Rd.	
CITY-ST-ZIP	MELBOURNE FL 32901	6.4 CITY-ST-ZIP	Cocoa Beach, FL. 32931	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ William Catambay 4/16/95 (407)254-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034193