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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N06661

1. Corporation Name
EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Principal Place of Business
**8225 N WICKHAM ROAD
 MELBLURNE FL 32940**

Mailing Address
**8225 N WICKHAM ROAD
 MELBLURNE FL 32940
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2496749	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEADLE, JAMES P. 5205 BABCOCK ST. NE PALM BAY FL 32905				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ 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	DVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JURGEL, PETER			1.2 NAME			
STREET ADDRESS	462 JUPITER BLVD. N.W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, SUSAN G			2.2 NAME			
STREET ADDRESS	405 GREENVIEW ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHN, ELISE G			3.2 NAME			
STREET ADDRESS	901 E. MELBOURNE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			3.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JEFF			4.2 NAME			
STREET ADDRESS	377 CORAL DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FL 32920			4.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMSON, RICK			5.2 NAME			
STREET ADDRESS	MAIL CODE DNPS			5.3 STREET ADDRESS			
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32899			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTAKER, KENNETH			6.2 NAME			
STREET ADDRESS	1692 W HIBISCUS BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32901			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: *Susan G. Weber* **RECORDED** *FCZS* *April 4, 1999* *407* *254-WILD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(41/98)