

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37564

FILED
Apr 30, 2005
Secretary of State

Entity Name: DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.

Current Principal Place of Business:

C/O MONKEY JUNGLE
P O BOX 246
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

C/O MONKEY JUNGLE
P O BOX 246
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-0201636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUMOND, FRANK V., JR.
14805 SW 216 ST
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D Delete
Name: BLAIRE, BONNIE,
Address: 2801 PNCE DE LEON BV 500
City-St-Zip: CORAL GABLES, FL

Title: PD Delete
Name: DUMOND, FRANK V., JR., .
Address: 14805 SW 216 ST
City-St-Zip: MIAMI, FL

Title: STD Delete
Name: DUMOND, SHARON,
Address: 9600 SW 159 ST
City-St-Zip: MIAMI, FL

Title: D Delete
Name: GREEN, STEVEN, M,
Address: 25920 SW 193 AVE
City-St-Zip: HOMESTEAD, FL

Title: D Delete
Name: LOCKWOOD, FRANK
Address: 505 EAST SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON DUMOND

STD

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date