

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005933 (5)
1. Corporation Name
THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

400001828374
-05/20/96--01024--015
***61.25



Principal Place of Business: **8605 ZOO ROAD JACKSONVILLE FL 32218-5799**
Mailing Address: **8605 ZOO ROAD JACKSONVILLE FL 32218-5799**

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
TUTTLE, C. DALE
8605 ZOO ROAD
JACKSONVILLE FL 32218-5799

10. Name and Address of New Registered Agent
81 Name: **Richard L. Parker**
82 Street Address (P.O. Box Number is Not Acceptable): **8605 Zoo Road**
83
84 City: **Jacksonville** FL 85 Zip Code: **32218**

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: *Richard L. Parker* DATE: **April 30, 1996**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	MITCHELL, JOHN A III
STREET ADDRESS	225 WATER STREET, 11TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, FRANK E
STREET ADDRESS	200 W. FORSYTH STREET, SUITE 1400
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, A. DANO
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	D <input type="checkbox"/> DELETE
NAME	PETWAY, ELIZABETH D
STREET ADDRESS	3809 DUVAL DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, CARLTON D
STREET ADDRESS	600 WHARFSIDE WAY
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	SPENCER, RICHARD C. F
STREET ADDRESS	50 N. LAURA STREET
CITY-ST-ZIP	JACKSONVILLE FL 32202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PETWAY, ELIZABETH P.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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: *John A. Mitchell III* DATE: **4/30/96** DAYTIME PHONE #: **904-361-3350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)