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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005933 (5)**
1. Corporation Name

THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

Principal Place of Business 8605 ZOO PARKWAY JACKSONVILLE FL 32218 US	Mailing Address 8605 ZOO PARKWAY JACKSONVILLE FL 32218 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 12/18/1995	4. FEI Number 59-1319010	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PAGE, DOUGLAS C DVM
8605 ZOO PARKWAY
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, JOHN A III
STREET ADDRESS	225 WATER STREET, 11TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	MILLER, FRANK E
STREET ADDRESS	200 W. FORSYTH STREET, SUITE 1400
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	<input type="checkbox"/> DELETE
NAME	DAVIS, A. DANO
STREET ADDRESS	5050 EDGEWOOD COURT
CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PETWAY, ELIZABETH P
STREET ADDRESS	3809 DUVAL DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CARLTON D
STREET ADDRESS	600 WHARF SIDE WAY
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD Andy Hogshead
1.3 STREET ADDRESS	225 Water Street
1.4 CITY-ST-ZIP	Jacksonville, FL 32202
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CD Miller, Frank E.
2.3 STREET ADDRESS	200 W. Forsyth Street, Suite 1400
2.4 CITY-ST-ZIP	Jacksonville, FL 32254
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DD Page, C. Douglas, DVM
4.3 STREET ADDRESS	8605 Zoo Parkway
4.4 CITY-ST-ZIP	Jacksonville, FL 32218
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VCD Schmidt, Thomas P.
5.3 STREET ADDRESS	500 Water Street
5.4 CITY-ST-ZIP	Jacksonville, FL 32202
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SD Phillips, Pamela C.
6.3 STREET ADDRESS	50 N. Laura Street, Suite 2800
6.4 CITY-ST-ZIP	Jacksonville, FL 32202

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.

SIGNATURE: C. Douglas Page, DVM C. Douglas Page, DVM 03-19-98 (904) 757-4463

CR2E037 (10/97)