

FILE NOW: FILING FEE IS \$61.25

FILED

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
---	---	---

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
---	---

3. Date Incorporated or Qualified 12/18/1995		
4. FEI Number 59-1319010	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

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 DC	<input checked="" type="checkbox"/> DELETE
NAME MITCHELL, JOHN A III	
STREET ADDRESS 225 WATER STREET, 11TH FLOOR	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE DCE	<input type="checkbox"/> DELETE
NAME MILLER, FRANK E	
STREET ADDRESS 200 W. FORSYTH STREET, SUITE 1400	
CITY-ST-ZIP JACKSONVILLE FL 32254	
TITLE DVC	<input type="checkbox"/> DELETE
NAME DAVIS, A. DANO	
STREET ADDRESS 5050 EDGEWOOD COURT	
CITY-ST-ZIP JACKSONVILLE FL 32254	
TITLE DVC	<input checked="" type="checkbox"/> DELETE
NAME PETWAY, ELIZABETH P	
STREET ADDRESS 3809 DUVAL DRIVE	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME JONES, CARLTON D	
STREET ADDRESS 600 WHARF SIDE WAY	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE DT	<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 TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Andy Hogshead	
1.3 STREET ADDRESS 225 Water Street	
1.4 CITY-ST-ZIP Jacksonville, FL 32202	
2.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 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 DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Page, C. Douglas, DVM	
4.3 STREET ADDRESS 8605 Zoo Parkway	
4.4 CITY-ST-ZIP Jacksonville, FL 32218	
5.1 TITLE VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Schmidt, Thomas P.	
5.3 STREET ADDRESS 500 Water Street	
5.4 CITY-ST-ZIP Jacksonville, FL 32202	
6.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME 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)