2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005933

FILED Apr 10, 2006 Secretary of State

Entity Name: THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 370 ZOO PARKWAY JACKSONVILLE, FL 32218 LIS **Current Mailing Address: New Mailing Address:** 370 ZOO PARKWAY JACKSONVILLE, FL 32218 US FEI Number: 59-3386352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATE, DENNIS E 370 ZÓO PARKWAY JACKSONVILLE, FL 32218 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MERRITT, ANJIE ZAMBETTI, MICHAEL Name: Name: 370 ZOO PARKWAY Address: 370 ZOO PARKWAY Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: Title: (X) Change () Addition () Delete HAYT, JOHN T Name: COKER, HOWARD Name: Address: 370 ZOO PARKWAY Address: 370 ZOO PARKWAY City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: VCM () Delete Title: () Change () Addition SURFACE, HEATHER Name: Name: 370 ZOO PARKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: VCAC () Delete Title: VCG (X) Change () Addition LOEB, DAVID Name: Name: BAKER, ANN Address: 370 ZOO PARKWAY Address: 370 ZOO PARKWAY City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32218 Title: VCD () Delete Title: () Change () Addition BAKER, MARTHA Name: Name: 370 ZOO PARKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: (X) Change () Addition PHILLIPS, PAMELA K MERRITT, KENYON Name: Name: Address: 370 ZOO PARKWAY Address: 370 ZOO PARKWAY JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: MICHAEL ZAMBETTI Т 04/10/2006

City-St-Zip:

JACKSONVILLE, FL 32218