

**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 # N06661 (5)**  
1. Corporation Name  
**EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.**



Principal Place of Business: **8225 N WICKHAM ROD MELBLURNE FL 32940**  
Mailing Address: **8225 N WICKHAM ROD MELBLURNE FL 32940**

3. Date Incorporated or Qualified: **12/17/1984**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2496749**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**BEADLE, JAMES P.  
5205 BABCOCK ST. NE  
PALM BAY FL 32905**

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	PD <input type="checkbox"/> DELETE
NAME	CATAMBAY, WILLIAM
STREET ADDRESS	490 LANTERNBACK ISLAND DR.
CITY-ST-ZIP	SATELLITE BECH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WEBER, SUSAN
STREET ADDRESS	405 GREENVIEW ROAD
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	VAUGHN, ELISE G
STREET ADDRESS	901 E. MELBOURNE AVE.
CITY-ST-ZIP	MELBOURNE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ROSENFELD, KENNETH
STREET ADDRESS	200 S. ORANGE AVE., #1400
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, MARK
STREET ADDRESS	2901 N INDIAN RIVER DR
CITY-ST-ZIP	COCOA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	VAUGHN, ELISE
STREET ADDRESS	2007 SOUTH MELBOURNE CT.
CITY-ST-ZIP	MELBOURNE FL 32901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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: \_\_\_\_\_ DATE: **4/24/96** (407) 254-9453

CR2E037 (12/96)