


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06661 (5)**  
1. Corporation Name  
**EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.**



Principal Place of Business <b>8225 N WICKHAM ROD MELBLURNE FL 32940</b>	Mailing Address <b>8225 N WICKHAM ROAD MELBLURNE FL 32940 US</b>
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3. Date Incorporated or Qualified <b>12/17/1984</b>	
4. FEI Number <b>59-2496749</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BEADLE, JAMES P. 5205 BABCOCK ST. NE PALM BAY FL 32905</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JURGEL, PETER</b>	1.2 NAME	
STREET ADDRESS	<b>462 JUPITER BLVD. N.W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBER, SUSAN G.</b>	2.2 NAME	
STREET ADDRESS	<b>405 GREENVIEW ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, ELISE G</b>	3.2 NAME	
STREET ADDRESS	<b>901 E. MELBOURNE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DVP</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>WHITE, JEFF</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>377 CORAL DR. CAPE CANAVERAL, FL 32920</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DVP</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>ABRAMSON, RICK</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>MAIL CODE DNPS KENNEDY SPACE CENTER, FL 32899</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>T</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>WHITTAKER, KENNETH</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>1692 W. HIBISCUS BLVD. MELBOURNE, FL 32901</b>

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: *Susan G. Weber* Date: *4/29/98* Phone: *407-254-9453*

CR2E037 (10/97)