

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06661

FILED
May 24, 2016
Secretary of State
CC3728729457

Entity Name: EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

8225 N WICKHAM ROAD
MELBOURNE, FL 32940

Current Mailing Address:

8225 N WICKHAM ROAD
MELBOURNE, FL 32940 US

FEI Number: 59-2496749

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEADLE, JAMES P.
5205 BABCOCK ST. NE
PALM BAY, FL 32905 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

Officer/Director Detail :

Title TREASURER
Name SCHWARTZ, LEW
Address 375 LAKE VICTORIA CIRCLE
City-State-Zip: MELBOURNE FL 32940

Title PRESIDENT
Name MCDONOUGH, HEATHER
Address 2235 SUMMER BROOK STREET
City-State-Zip: MELBOURNE FL 32940

Title ED
Name WINSTEN, DAVID K
Address 1937 AUBURN LAKES DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title VP
Name BARKER, JACQUELINE
Address 327 S LAKESIDE DRIVE
City-State-Zip: SATELLITE BEACH FL 32937

Title VP
Name OLIVER, COLE J
Address 431 SWANN GROVE LANE
City-State-Zip: MERRITT ISLAND FL 32952

Title VP
Name YOUNG, WILLIAM GLENN
Address 3638 CAPPJO DRIVE
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY
Name HARRISON, STEVEN
Address 6335 ARROYO DRIVE
City-State-Zip: VIERA FL 32940

Title CFO
Name FIESELER, FRANK JOHN
Address 8225 N WICKHAM ROAD
City-State-Zip: MELBOURNE FL 32940

I hereby 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 all other like empowered.

SIGNATURE: FRANK J FIESELER

CFO

05/24/2016

Electronic Signature of Signing Officer/Director Detail

Date