2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06661

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

Name and Address of Current Registered Agent:

BEADLE, JAMES P. 5205 BABCOCK ST. NE PALM BAY, FL 32905 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	CEO	Title	CFO
Name	WINSTEN, DAVID K	Name	FAULDS, PATRICIA
Address	1937 AUBURN LAKES DRIVE	Address	8225 N WICKHAM ROAD
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	MELBOURNE FL 32940
Title	IMMEDIATE PAST PRESIDENT	Title	TREASURER
Name	CEROW, MICHAEL	Name	YOUNG, GLENN
Address	4422 MIAMI AVE	Address	3638 CAPPIO DR
City-State-Zip:	INDIATLANTIC FL 32903	City-State-Zip:	MELBOURNE FL 32940
Title	DEPUTY DIRECTOR	Title	PRESIDENT
Title Name	DEPUTY DIRECTOR BRANGAN, JON	Title Name	PRESIDENT BETH, GITLIN
Name	BRANGAN, JON 2001 JUNIPER DRIVE	Name	BETH, GITLIN 655 CINNAMON CT
Name Address	BRANGAN, JON 2001 JUNIPER DRIVE	Name Address	BETH, GITLIN 655 CINNAMON CT
Name Address City-State-Zip:	BRANGAN, JON 2001 JUNIPER DRIVE COCOA FL 32926	Name Address City-State-Zip:	BETH, GITLIN 655 CINNAMON CT SATELLITE BEACH FL 32937
Name Address City-State-Zip: Title	BRANGAN, JON 2001 JUNIPER DRIVE COCOA FL 32926 PRESIDENT ELECT	Name Address City-State-Zip: Title	BETH, GITLIN 655 CINNAMON CT SATELLITE BEACH FL 32937 SECRETARY
Name Address City-State-Zip: Title Name	BRANGAN, JON 2001 JUNIPER DRIVE COCOA FL 32926 PRESIDENT ELECT MOORE, WILLIAM	Name Address City-State-Zip: Title Name	BETH, GITLIN 655 CINNAMON CT SATELLITE BEACH FL 32937 SECRETARY FISHER, HOPE 2323 GREAT BELT CIRCLE

Continues on page 2

CFO

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: PATRICIA FAULDS

02/22/2024

FILED Feb 22, 2024 Secretary of State 2905123201CC

Date

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	VP, GOVERNANCE	Title	VP, PHILANTHROPY
Name	MANNINO, PETER	Name	MAY, LINDA
Address	617 TORTOISE WAY	Address	1700 SANDPIPER ST
City-State-Zip:	SATELLITE BEACH FL 32937	City-State-Zip:	MERRITT ISLAND FL 32952
Title	VP. PLANNING		

Name	MIORELLI, LUKE
Address	4715 N US HIGHWAY 1

City-State-Zip: MELBOURNE FL 32935