I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to above, or on an attachment with all other like empowered.		
SIGNATURE: BRUCE SHWEDICK	DIR	04/30/2013

#### DOCUMENT# N11000001346

#### Entity Name: CROCODILIAN CONSERVATION CENTER OF FLORIDA, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

5116 S. LAKELAND DRIVE LAKELAND, FL 33813

## **Current Mailing Address:**

5116 S. LAKELAND DRIVE LAKELAND. FL 33813 US

## FEI Number: 45-2994433

# Name and Address of Current Registered Agent:

HARBSMEIER, CURT L 5116 S. LAKELAND DRIVE LAKELAND, FL 33813 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

## **Officer/Director Detail :**

Title	DIR	Title	DIR	
Name	SHWEDICK, BRUCE	Name	SOMMERLAD, RALF	
Address	4623 SWINGER ROAD	Address	ROEDELHEIMER LANDSTRASSE 42	
City-State-Zip:	DOVER FL 33527	City-State-Zip:	FRANKFURT AM MAIN 60487	
	212	<b>T</b> :0 -		
Title	DIR	Title	DIR	
Name	STEVENSON, COLIN	Name	MORRISSIEY, BABS	
Address	37 MANSFIELD DRIVE	Address	2856 FALLING TREE CIRCLE	
City-State-Zip:	REDHILL, SURREY RH1 3-JW	City-State-Zip:	ORLANDO FL 32837	
Title	DIR	Title	DIR	
Name	BRAZAITIS, PETER	Name	URBAN, RIC	
Address	155 WOODCHUCK LANE	Address	1 AQUARIUM WAY	
City-State-Zip:	HARWINTON CT 06791	City-State-Zip:	NEWPORT KY 41071	

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

Date