2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37564

Entity Name: DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.

Current Principal Place of Business:

C/O MONKEY JUNGLE 14805 SW 216 ST MIAMI, FL 33170

Current Mailing Address:

C/O MONKEY JUNGLE P O BOX 246 MIAMI, FL 33170

FEI Number: 65-0201636

Name and Address of Current Registered Agent:

DUMOND, FRANK V., JR. 14805 SW 216 ST MIAMI, FL 33170 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	PRESIDENT, DIRECTOR	Title	DIRECTOR
	Name	DUMOND, FRANK VJR	Name	DUMOND, SHARON M
	Address	14805 SW 216 ST	Address	14805 SW 216 ST
	City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33170
	Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR
	Name	BRYN, KRISTINA B	Name	LOCKWOOD, FRANK S
	Address	9120 WEST BAY HARBOR DRIVE #4B	Address	326 MISTLETOE LANE
	City-State-Zip:	BAY HARBOR ISLAND FL 33154	City-State-Zip:	SYLVIA NC 28779
	Title	DIRECTOR	Title	DIRECTOR
	Title Name	DIRECTOR SPELIOS, LOUIS G	Title Name	DIRECTOR MILLS, JOHN
	Name	SPELIOS, LOUIS G	Name	MILLS, JOHN
	Name Address	SPELIOS, LOUIS G 600 CORAL WAY FLOOR 12	Name Address	MILLS, JOHN 22290 SW 266 ST
	Name Address City-State-Zip:	SPELIOS, LOUIS G 600 CORAL WAY FLOOR 12 CORAL GABLES FL 33134	Name Address	MILLS, JOHN 22290 SW 266 ST
	Name Address City-State-Zip: Title	SPELIOS, LOUIS G 600 CORAL WAY FLOOR 12 CORAL GABLES FL 33134 DIRECTOR	Name Address	MILLS, JOHN 22290 SW 266 ST
	Name Address City-State-Zip: Title Name Address	SPELIOS, LOUIS G 600 CORAL WAY FLOOR 12 CORAL GABLES FL 33134 DIRECTOR BRYN, MARK	Name Address	MILLS, JOHN 22290 SW 266 ST

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.

PRESIDENT

SIGNATURE: FRANK V DUMOND JR

Electronic Signature of Signing Officer/Director Detail

FILED Mar 03, 2019 Secretary of State 1768208325CC

Certificate of Status Desired: No

Date

03/03/2019