

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720872 (1)

1. Corporation Name

CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

HWY 17-92 AT I-4
P.O. BOX 470309
LAKE MONROE FL 32747

HWY 17-92 AT I-4
P.O. BOX 470309
LAKE MONROE FL 32747

3. Date Incorporated or Qualified
05/06/1971

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1357197

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**POSEY, EDWARD S.
851 W. WISCONSIN AVE.
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, KATHLEEN	
STREET ADDRESS	4004 SHADY OAK CT.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZYCHINSKI, MICHAEL C	
STREET ADDRESS	200 S ORANGE AVE, #1800	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROHE, CHARLES	
STREET ADDRESS	1 CITRUS BOWL PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SNIVELY, STEPHEN	
STREET ADDRESS	P. O. BOX 633 (N/A)	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	POSEY, EDWARD	
STREET ADDRESS	P.O. BOX 470309	
CITY-ST-ZIP	LAKE MONROE (N/A) FL 32747	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Neville, Timothy	
1.3 STREET ADDRESS	390 N. Orange Avenue, Suite 900	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Gore, Esq.	
3.3 STREET ADDRESS	20 N. Orange Avenue, Suite 1000	
3.4 CITY-ST-ZIP	Orlando, FL 32801	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jo Ann Gates	
4.3 STREET ADDRESS	323 S. Park Avenue	
4.4 CITY-ST-ZIP	Winter Park, FL 32789	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edward S. Posey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(407) 323-4450

Daytime Phone # X112

CR2E037 (12/95)