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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham, 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 32747-0309

3. Date Incorporated or Qualified 05/06/1971
3a. Date of Last Report 01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME NEVILLE, TIMOTHY
STREET ADDRESS 390 N. ORANGE AVE., SUITE 900
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Change Addition
1.2 NAME 7D Neville, Timothy
1.3 STREET ADDRESS 390 N. Orange Avenue, Suite 900
1.4 CITY-ST-ZIP Orlando, FL 32801

TITLE TD DELETE
NAME ZYCHINSKI, MICHAEL C
STREET ADDRESS 200 S ORANGE AVE, #1800
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
2.2 NAME Kenneth O. Fowle
2.3 STREET ADDRESS P. O. Box 593330
2.4 CITY-ST-ZIP Orlando, FL 32859 (N/A)

TITLE VD DELETE
NAME GORE, MICHAEL ESQ.
STREET ADDRESS 20 N. ORANGE AVE., SUITE 1000
CITY-ST-ZIP ORLANDO FL

3.1 TITLE PD Change Addition
3.2 NAME Gore, Michael, Esq.
3.3 STREET ADDRESS 20 N. Orange Avenue, Suite 1000
3.4 CITY-ST-ZIP Orlando, FL 32810

TITLE SD DELETE
NAME GATES, JO ANN
STREET ADDRESS 323 S. PARK AVE.
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE Change Addition
4.2 NAME Gates, Jo Ann (SD)
4.3 STREET ADDRESS 323 S. Park Avenue
4.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE MD DELETE
NAME POSEY, EDWARD
STREET ADDRESS P.O. BOX 470309
CITY-ST-ZIP LAKE MONROE (N/A) FL 32747

5.1 TITLE Change Addition
5.2 NAME MD Posey, Edward
5.3 STREET ADDRESS P. O. Box 470309
5.4 CITY-ST-ZIP Lake Monroe, FL 32747 (n/a)

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone # 0015747

CR2E037 (9/96)