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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720872** (1)
1. Corporation Name
CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.



Principal Place of Business HWY 17-92 AT 14 P.O. BOX 470309 LAKE MONROE FL 32747	Mailing Address HWY 17-92 AT 14 P.O. BOX 470309 LAKE MONROE FL 32747
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3. Date Incorporated or Qualified 05/06/1971	
4. FEI Number 59-1357197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3755 N. W. Highway 17-92 Suite, Apt. #, etc.	2a. Mailing Address 26
22 City & State 23 Lake Monroe, FL	27 Suite, Apt. #, etc.
24 Zip 32747-0309	25 Country USA
28 City & State	29 Zip
30 Country	

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEVILLE, TIMOTHY	
STREET ADDRESS	390 N. ORANGE AVE., SUITE 900	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KENNETH O. FOWLE	
STREET ADDRESS	PO BOX 593330	N/A
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GORE, MICHAEL ESQ.	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 1000	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GATES, JO ANN	
STREET ADDRESS	323 S. PARK AVE.	
CITY-ST-ZIP	WINTER PARK FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Inez Parsell SD
4.3 STREET ADDRESS	207 E. 25th Street
4.4 CITY-ST-ZIP	Sanford, FL 32771
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 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. Parsell*

CR2E037 (10/97)