NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 720872**

1. Corporation Name

CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.

FILED Mar 02, 1999 8:00 am §
Secretary of State

03-02-1999 90129 032 ****70.00

OLIVITIA	e regiment 20020 dione oc	30.211, 110.								
Principal Place		Mailing Address HWY 17-92 AT 1-4				1 (88)(1 (88)(8 (18)) 68)(8) (8)(1)	: : : : : : : : : : : : : : : : : : :	81811 81811 816 1	A BIBNI 4881 -	,
3755 NW HWY 17-92 HWY 17-92 AT 1-4 P.O. BOX 470309 P.O. BOX 470309 LAKE MONROE FL 32747-0309 LAKE MONROE FL 32747 US										
Principal Place of Business The Place of Business The Place of Business		2a. Mailing Address			3	3. Date Incorporated or Qualifed 05/06/1971				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4	FEI Number		<u> </u>	olied For	
22		27			_	59-1357197	<u> </u>		Applicable	
City & State		City & State	¬ '			5. Certificate of Status Desired	s Desired XX See Required			
Zip	Country	Zip	Zip Country			6. Election Campaign Financing		\$5.00	•	
24	25	25 29 30			Trust Fund Contribution Added to Fees					
	9. Name and Address of Current	Registered Agent	8	1 Name	10	D. Name and Address of New F	egistered A	gent		
			°	Name		·		<u> </u>		
POSEY, EDWARD S.			8	2 Street A	Address	(P.O. Box Number is Not Accepta	ble)			
851 W. WISCONSIN AVE. ORANGE CITY FL 32763			8	3						
ORANGE	CITT FE 32763		L					Total Zin C	ada	
			8	4 City			FL	85 Zip C	ode	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation				corporati oration's l	on submits this statement for the board of directors. I hereby accep	purpose of o t the appoin	hanging its r tment as reg	egistered listered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ag	ent signature re	equired whe		DATE			į
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	TD	X □XDELETE	1.1 TITLE		TD			☐ Change	∑ Addition	
NAME	NEVILLE, TIMOTHY	_	1,2 NAME			aig Adams.				
STREET ADDRESS	390 N. ORANGE AVE., SUITE 90	10	1.3 STRE	ET ADDRESS	20	O S. Orange Ave	nue,	Suite	1800	
CITY-ST-ZIP	ORLANDO FL	□ DELETE	1.4 CITY		0 r	<u>lando, FL 32801</u>		☐ Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE	i		• • • • • • • • • • • • • • • • • • • •		Change		
NAME	KENNETH O. FOWLE P.O. BOX 593330 N/A		2.2 NAMI					•	* • .	
STREET ADDRESS	ORLANDO FL		2.4 CITY	ET ADDRESS					- "	-,
CITY-ST-ZIP TITLE	PD.	☐ DELETE	3.1 TITLE					☐ Change	Addition	
NAME	GORE, MICHAEL ESQ.		3.2 NAMI							
STREET ADDRESS	20 N. ORANGE AVE., SUITE 100	00		ET ADDRESS				1 1		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY	-ST-ZIP					, ,	
TITLE	SD	☐ DELETE	4.1 TITLE			,		☐ Change	☐ Addition	
NAME	PARSELL, INEZ		4. 2 NAM	E			•			
STREET ADDRESS	207 E 25TH ST		4.3 STRE	ET ADDRESS				•		
CITY-ST-ZIP	SANFORD FL 32771		4.4 CITY			· · · · · · · · · · · · · · · · · · ·				
TITLE	MD	☐ DELETE	5.1 TITLE					Change	Addition	
NAME	POSEY, EDWARD		5.2 NAMI							
STREET ADDRESS	1			ET ADDRESS		· ·	,	, , ,		
L OUTS CT TIES	I LAKE MONDOF (N/A) EL 32747		5.4 CITY	·SI-ZIP				·.	. 1	

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Collection

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition