

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 011 ****61.25


60035040



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1357197	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # 720872 1. Entity Name CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC.	
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Principal Place of Business 3755 NW HWY 17-92 P.O. BOX 470309 LAKE MONROE, FL 32747-0309 US	Mailing Address HWY 17-92 AT I-4 P.O. BOX 470309 LAKE MONROE, FL 32747
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORITISANO, JOE A 3755 NW HWY 17-92 LAKE MONROE, FL 32747

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSERMAN, LENA 197 MONTGOMERY RD ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAUNDERS, ALESANDRA 1102 WASHINGTON AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MONTISANO, JOE A P.O. BOX 470309 LAKE MONROE (N/A), FL 32747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-26-06** **407 474 5493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #