


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # 720872 |  |
| 1. Entity Name CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INC. | |

| | |
|--|---|
| 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 |
|--|---|

DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1357197 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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, 2007**

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 | |

U00000757911
05/23/07-80092-009 61.25

**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:  4/24/2007 Date Daytime Phone # _____