

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **766300** (8)  
1. Corporation Name  
**LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.**



Principal Place of Business <b>7530 NORTH BLVD. TAMPA FL 33604-4700</b>	Mailing Address <b>7530 NORTH BLVD. TAMPA FL 33604-4700</b>
--	--

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>12/27/1982</b>	3a. Date of Last Report <b>04/04/1995</b>
21	Suite, Apt. #, etc.	26	4. FEI Number <b>59-2328289</b>	Applied For Not Applicable
22	City & State	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SALISBURY, C. ALEXANDER 7530 NORTH BOULEVARD TAMPA FL 33604</b>		10. Name and Address of New Registered Agent	
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	TV	1.1 TITLE	TC
NAME	JORDAN, VERNER C	1.2 NAME	Verner C. Jordan
STREET ADDRESS	P O BOX 1348 NA	1.3 STREET ADDRESS	401 E. Jackson Street-Suite 1700
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, Florida 33602
TITLE	TC	2.1 TITLE	TV
NAME	SULLIVAN, CHRIS	2.2 NAME	Richard L. Stohler
STREET ADDRESS	550 N. REO., STE 204	2.3 STREET ADDRESS	5421-59th Street, N.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida 33610
TITLE	TS	3.1 TITLE	
NAME	CASWELL, HEATHER	3.2 NAME	
STREET ADDRESS	801 SOUTH BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	OAK, ALAN	4.2 NAME	Eric S. Obeck
STREET ADDRESS	P.O. BOX 111 N/A	4.3 STREET ADDRESS	101 E. Kennedy Boulevard-5th Floor
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, Florida 33602
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Verner C. Jordan  
July 16, 1996 (813)222-4190  
Date Daytime Phone

CR2E037 (3/96)