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May 18 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 # 766300 (8)

1. Corporation Name

LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.

Principal Place of Business

7530 NORTH BLVD.  
TAMPA FL 33604-4756

Mailing Address

7530 NORTH BLVD.  
TAMPA FL 33604-4756

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SALISBURY, C. ALEXANDER  
7530 NORTH BOULEVARD  
TAMPA FL 33604

3. Date Incorporated or Qualified

12/27/1982

4. FEI Number

59-2328289

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XXX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

TITLE

TC

☐ DELETE

NAME

JORDAN, VERNER C

STREET ADDRESS

401 E. JACKSON ST SUITE 1700

CITY-ST-ZIP

TAMPA FL 33602

TITLE

TV

☐ DELETE

NAME

STOHLER, RICHARD L

STREET ADDRESS

5421-59TH STREET N

CITY-ST-ZIP

TAMPA FL 33610

TITLE

TS

☐ DELETE

NAME

ANN O'CONNELL

STREET ADDRESS

101 E. KENNEDY BLVD. STE 1500

CITY-ST-ZIP

TAMPA FL

TITLE

TD

☐ DELETE

NAME

OBECK, ERIC S

STREET ADDRESS

101 E. KENNEDY BOULEVARD 5TH FLOOR

CITY-ST-ZIP

TAMPA FL 33602

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

Richard L. Stohler

1.3 STREET ADDRESS

5421-59th Street, N.

1.4 CITY-ST-ZIP

Tampa, Florida 33610

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

Heather Caswell

2.3 STREET ADDRESS

601 South Boulevard

2.4 CITY-ST-ZIP

Tampa, Florida 33606

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

2909 Bayshore Court

4.3 STREET ADDRESS

Tampa, Florida 33611

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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:



Zoe D. Gustafson VP Finance/CF0 04/03/98 (813)935-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048065

CR2E037 (10/97)