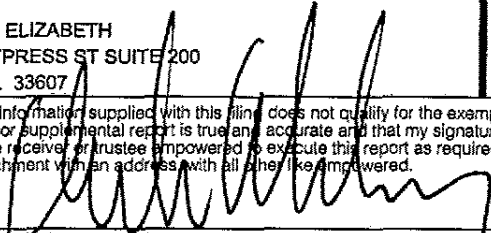


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 766300		
1. Entity 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	
DO NOT WRITE IN THIS SPACE		 04082005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-2328289 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SALISBURY, C. ALEXANDER 7530 NORTH BOULEVARD TAMPA, FL 33604		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000303090 04/13/05-80099-002 70.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALISBURY, C. ALEXANDER 7530 NORTH BLVD TAMPA, FL 33606	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASWELL, HEATHER 3435 BAYSHORE BLVD #1500 TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANCHARD, BILL 1414 SWANN AVE STE 210 TAMPA, FL 33606	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC GABREMARIAN, FASSEL 4209 W PLATT ST TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERRITT, BOB 550 N. REO STREET, SUITE 204 TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRYSTYN, ELIZABETH 4600 W CYPRESS ST SUITE 200 TAMPA, FL 33607	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		