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	Mailing Address
7530 NORTH BLVD. TAMPA, FL 33604-4756	7530 NORTH BLVD. TAMPA, FL 33604-4756

04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
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	P
NAME	SALISBURY, C. ALEXANDER
STREET ADDRESS	7530 NORTH BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	CASWELL, HEATHER
STREET ADDRESS	3435 BAYSHORE BLVD #1500
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	BLANCHARD, BILL
STREET ADDRESS	1414 SWANN AVE STE 210
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DC
NAME	GABREMARIAN, FASSEL
STREET ADDRESS	4209 W PLATT ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	MERRITT, BOB
STREET ADDRESS	550 N. REO STREET, SUITE 204
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	KRYSTYN, ELIZABETH
STREET ADDRESS	4600 W CYPRESS ST SUITE 200
CITY-ST-ZIP	TAMPA, FL 33607

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12. 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 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 #