2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
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

05152007 No Chg-NP CR2E037 (4/06)

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

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 $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALISBURY, C. ALEXANDER
STREET ADDRESS	7530 NORTH BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MARTINEZ, BOB GOV
STREET ADDRESS	CORPORATE CTR 3,4221 BOY SCOUT BLVD
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DC
NAME	BLANCHARD, BILL
STREET ADDRESS	1414 SWANN AVE STE 210
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	THOMAS, ROBERT
STREET ADDRESS	2 RIVERS RANCH, 40 RANCH ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	COUCH, BRETT
STREET ADDRESS	100 N. TAMPA ST., SUITE 3100
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	KRYSTYN, ELIZABETH
STREET ADDRESS	4600 W CYPRESS ST.SUITE 200
CITY-ST-ZIP	TAMPA, FL 33607

U00000764954
05/31/07-80019-012 70.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #