2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State
02-12-2004 90014 001 ****61.25

DOCUMENT # F01000001970

1. Entity Name
CENTER FOR CAPTIVE CHIMPANZEE CARE, INC.

Principal Place of Business	Mailing Address
3000 S. HEADER CANAL FT. PIERCE, FL 34945	PO BOX 12220 FT. PIERCE, FL 34979

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0789748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAAB, LORRAINE
22 SIMARA ST.
STUART, FL 34996

7. Name and Address of New Registered Agent

Name: CAROLE NOON
Street Address (P.O. Box Number is Not Acceptable): 3000 S. HEADER Canal
City: FT PIERCE **FL** Zip Code: 34979

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOON, CAROLE PHD 3000 S. HEADER CANAL FT. PIERCE, FL 34945	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVITZ, TRACEY 9316 SW 67TH DR. GAINESVILLE, FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAAB, LORI 22 SIMARA ST. STUART, FL 34996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARBARA PETERSON 240 MALONE HOLLOW DR. JONESBOROUGH, TN 37659 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED LIST	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carole Noon 2/7/04 (505) 437-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

F01000001970

BOARD OF DIRECTORS-2004
CURRENT BOARD

4401/1050

Name & Address	Title
Roger Fouts Central Washington University 400 E. 8th Avenue Ellensburg, WA 98926	Director
Jane Goodall The Jane Goodall Institute 8700 Georgia Avenue Silver Springs, MD 20910	Director
Tracey Lovitz 5327 SW 82nd Terrace Gainesville, FL 32608	Secretary
Carole Noon 1300 LaVelle Road Alamogordo, NM 88310	President
Barbara Peterson 240 Malone Hollow Drive Jonesborough, TN 37659	Treasurer
Fred Prince New York Blood Center 310 E. 67th Street New York, NY 10021	Director
Jon Stryker 303 N. Rose Street Suite 300 Kalamazoo, MI 49007	Director