2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

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

07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

NOON, CAROLE
3000 S. HEADER CANAL
FORT PIERCE, FL 34979

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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: Carole Noon, Director 7/7/05
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 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOON, CAROLE PHD
STREET ADDRESS	3000 S. HEADER CANAL
CITY-ST-ZIP	FT. PIERCE, FL 34945
TITLE	S
NAME	LOVITZ, TRACEY
STREET ADDRESS	9316 SW 67TH DR.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	T
NAME	PETERSON, BARBARA
STREET ADDRESS	240 MALONE HOLLOW DR
CITY-ST-ZIP	JONESBOROUGH, TN 37659
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000372036
07/11/05-80019-005 61.25

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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: Carole Noon 7/7/05 561 704 2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #