

1700000000174

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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-01/04/00--01011--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Marion Zoo School Incorporated  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Mark D. Wilson, D.V.M.  
Name (Printed or typed)

PO Box 2319  
12888 Hwy 441  
Address

Belleview, FL 34421  
City, State & Zip

352/347-7800  
Daytime Telephone number

2000 JAN -3 PM 5:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mark Wilson GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT IV  
DATE 1-10-00  
DOC. EXAM ad

NOTE: Please provide the original and one copy of the articles.

A. Howell JAN 10 2000

17-759

**ARTICLES OF INCORPORATION**

FILED

2000 JAN -3 PM 5: 4

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Marion Zoo School Incorporated.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

PO Box 2319, Belleview, 34421  
12888 Hwy 441, Belleview, FL 34421

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are): To encourage and promote the training of zoo animal management personnel, to assist in the funding of such training, to promote educational opportunities in the zoo animal field, and to provide financial support as needed for the physical training facilities.

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

The directors shall be appointed at an annual meeting.

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

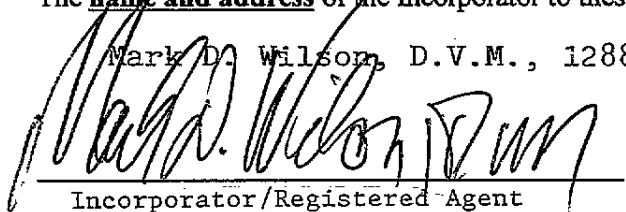
The name and Florida street address of the initial registered agent are:

Mark D. Wilson, D.V.M., 12888 Hwy 441, Belleview, FL 34421

**ARTICLE VI INCORPORATOR**

The name and address of the Incorporator to these Articles of Incorporation are:

Mark D. Wilson, D.V.M., 12888 Hwy 441, Belleview, FL 34421

  
\_\_\_\_\_  
Incorporator/Registered Agent

December 21, 1999  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Florida Department of Agriculture  
and Consumer Services  
BOB CRAWFORD, Commissioner



**ATTACHMENT A**  
Officers, Directors, Trustees, and Principal Salaried Executive Personnel  
Solicitation of Contributions  
(Chapter 496, Florida Statutes)

Please list officers, directors, trustees, and principal salaried executive personnel: (If none, check here \_\_\_\_\_ and return.)

Name: Mark D. Wilson, D.V.M. Title: President  
Address: 12888 Hwy 441, Belleview, FL 34421 Salaried (Y/N): N  
City, State and ZIP: Belleview, FL 34421 Phone: 352/347-7800

Name: Charles Jenkins Title: Vice President  
Address: 1909 Coco Meadow Circle, Apt 202 Salaried (Y/N): N  
City, State and ZIP: Brandon, FL 33511 Phone: 813/201-9541

Name: Betty Ann Wyman Title: Secretary/Treasurer  
Address: PO Box 602, Salaried (Y/N): N  
City, State and ZIP: Fairfield, FL 32634 Phone: 352/622-5408

Name: Darrel Riley Title: Director  
Address: 2121 SW 19th Ave Rd Salaried (Y/N): N  
City, State and ZIP: Ocala, FL 34474 Phone: 352/804-8149

Name: Inez Liebert Title: Director  
Address: PO Box 2319 Salaried (Y/N): N  
City, State and ZIP: Belleview, FL 34421 Phone: 352/687-3379

Name: Sam Lauff Title: Director  
Address: 1014 SW 7th Road Salaried (Y/N): N  
City, State and ZIP: Ocala, FL 34474 Phone: 352/620-7582

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Salaried (Y/N): \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_