


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90092 013 ****65.00

DOCUMENT # N00000000174
 1. Entity Name
MARION ZOO SCHOOL INCORPORATED




Principal Place of Business: **12888 HWY. 441 BELLEVIEW FL 34421**
 Mailing Address: **P.O. BOX 2319 BELLEVIEW FL 34421**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

140 C. FRANKLIN 00049888

 1st MOORE CR2E037 (10/04)

4. FEI Number **82-2978126**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, MARK D
12888 HWY. 441
BELLEVIEW FL 34421

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, MARK D	
STREET ADDRESS	12888 HWY. 441	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, CHARLES	
STREET ADDRESS	1909 COCO MEADOW CIRCLE, APT. 202	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WYMAN, BETTY ANN	
STREET ADDRESS	P.O. BOX 602	
CITY-ST-ZIP	FAIRFIELD FL 32634	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, DARREL	
STREET ADDRESS	2121 S.W. 19TH AVE. ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERT, INEZ	
STREET ADDRESS	P.O. BOX 2319	
CITY-ST-ZIP	BELLEVIEW FL 34421	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUFF, SAM	
STREET ADDRESS	1014 S.W. 7TH ROAD	
CITY-ST-ZIP	OCALA FL 34474	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a), 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 an officer like empowered.

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