

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000174

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** FLORIDA INTERNATIONAL TEACHING ZOO, INC.

**Current Principal Place of Business:**

7725 CR 48 WEST  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2319  
BELLEVIEW, FL 34421

**New Mailing Address:**

**FEI Number:** 82-2978126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, MARK D  
7725 CR 48 WEST  
BUSHNELL, FL 33513 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, MARK D  
Address: 7725 CR 48 WEST  
City-St-Zip: BUSHNELL, FL 33513

Title: V ( ) Delete  
Name: JENKINS, CHARLES  
Address: P.O. BOX 2319  
City-St-Zip: BELLEVIEW, FL 34421

Title: ST ( ) Delete  
Name: SNYDER, TOM  
Address: 1665 NORTH MAGNOLIA  
City-St-Zip: OCALA, FL

Title: D ( ) Delete  
Name: RILEY, DARREL  
Address: 2121 S.W. 19TH AVE. ROAD  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D. WILSON,DVM

PRES

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date