

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