

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90002 009 ****61.25

DOCUMENT # N00000000564

1. Entity Name

**NORTH CENTRAL FLORIDA ZOOLOGICAL SOCIETY,
INCORPORATED**



Principal Place of Business

**8675 SW 52ND STREET
OCALA FL 34481**

Mailing Address

**PO BOX 770824
OCALA FL 34477-0824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**MARSHALL, ALAN S ESQ
36410 US HWY 19 NORTH
PALM HARBOR FL 34684**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **D** ☐ Delete
NAME **DEMPSEY, GARY**
STREET ADDRESS **346 HENRY STREET**
CITY-ST-ZIP **SOUTH ANBOY NJ 08879**

TITLE **PD** ☐ Delete
NAME **FOSBINER, KAY M**
STREET ADDRESS **630 N GARDEN CITY RD**
CITY-ST-ZIP **FREEMONT NE 68025**

TITLE **D** ☐ Delete
NAME **MARSHALL, ALAN S**
STREET ADDRESS **7617 LITTLE RD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ Delete
NAME **BROEHM, KEVIN J**
STREET ADDRESS **8675 SW 52ND STREET**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **D** ☐ Delete
NAME **CALABRIA, FRANK**
STREET ADDRESS **8675 SW 52ND STREET**
CITY-ST-ZIP **OCALA FL 34481**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Marshall, Alan S**
STREET ADDRESS **6766 Copperfield Dr.**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: Kevin J. Broehm **Broehm, Kevin J.**

3/5/04 **(352) 8546639**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #