


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

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 770624 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



1st MOORE CR2E037 (10/05)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARSHALL, ALAN S ESQ 6766 COPPERFIELD DR. NEW PORT RICHEY FL 34655		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, 2006**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, GARY		NAME		
STREET ADDRESS	346 HENRY STREET		STREET ADDRESS		
CITY - ST - ZIP	SOUTH ANBOY NJ 08879		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSBINER, KAY M		NAME		
STREET ADDRESS	630 N GARDEN CITY RD		STREET ADDRESS		
CITY - ST - ZIP	FREEMONT NE 68025		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ALAN J		NAME		
STREET ADDRESS	6766 COPPERFIELD DR.		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY FL 34655		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEHM, KEVIN J		NAME		
STREET ADDRESS	8675 SW 52ND STREET		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34481		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRIA, FRANK		NAME		
STREET ADDRESS	8675 SW 52ND STREET		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34481		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

4/19/06 352-854-2362