

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000564

FILED
May 03, 2009
Secretary of State

Entity Name: NORTH CENTRAL FLORIDA ZOOLOGICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

8675 SW 52ND STREET
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

PO BOX 770824
OCALA, FL 344770824

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARSHALL, ALAN S ESQ
6766 COPPERFIELD DR.
NEW PORT RICHIE, FL 34655 US

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: D () Delete
Name: DEMPSEY, GARY
Address: 346 HENRY STREET
City-St-Zip: SOUTH ANBOY, NJ 08879

Title: PD () Delete
Name: FOSBINER, KAY M
Address: 630 N GARDEN CITY RD
City-St-Zip: FREEMONT, NE 68025

Title: D () Delete
Name: MARSHALL, ALAN J
Address: 6766 COPPERFIELD DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: BROEHM, KEVIN J
Address: 8675 SW 52ND STREET
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: CALABRIA, FRANK
Address: 8675 SW 52ND STREET
City-St-Zip: OCALA, FL 34481

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:

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: KEVIN J BROEHM

TD

05/03/2009

Electronic Signature of Signing Officer or Director

Date