

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001803

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE GULF COAST ZOOLOGICAL SOCIETY, INC.**Current Principal Place of Business:**5703 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561**New Principal Place of Business:****Current Mailing Address:**5703 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561**New Mailing Address:****FEI Number:** 59-3653239**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LITTLEFIELD, C. LYNNE
5703 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561**Name and Address of New Registered Agent:**KEMPER JR., H. DOUG
5703 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

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: H. DOUG KEMPER JR.

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOULD, JAY
Address: 11000 UNIVERSITY PARKWAY 42
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: PREWITT, TERRY DR
Address: 11000 UNIVERSITY PARKWAY 42
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: BELL, JACKIE
Address: 4040 SOUNDPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: MERRILL, COLLIER
Address: PO BOX 710
City-St-Zip: PENSACOLA, FL 32593

Title: D () Delete
Name: STEWART, GEORGE L
Address: 11000 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32562

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PREWITT, TERRY DR
Address: 11000 UNIVERSITY PARKWAY 42
City-St-Zip: PENSACOLA, FL 32514

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: T () Change (X) Addition
Name: LYNCHARD, DARYL D
Address: P.O. BOX 5248
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARYL D. LYNCHARD

T

04/30/2004

Electronic Signature of Signing Officer or Director

Date