

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000001803

1. Entity Name

THE GULF COAST ZOOLOGICAL SOCIETY, INC.



Principal Place of Business

5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32563
US

Mailing Address

5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32563
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMPER JR., H. DOUG
5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

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 September 5, 2007

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 GOULD, JAY
STREET ADDRESS 11000 UNIVERSITY PARKWAY 42
CITY-ST-ZIP PENSACOLA FL 32514

TITLE D ☒ Delete
NAME PREWITT, TERRY DR
STREET ADDRESS 11000 UNIVERSITY PARKWAY 42
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ~~Formerly Chuck~~ ☐ Delete
NAME CHUCK, EMILING
STREET ADDRESS 605 CHESAPEAKE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE VD ☐ Delete
NAME BARRON, JERRY
STREET ADDRESS 7425 SAN RAMON DRIVE
CITY-ST-ZIP MILTON FL 32583

TITLE D ☐ Delete
NAME STEWART, GEORGE L
STREET ADDRESS 11000 UNIVERSITY PARKWAY
CITY-ST-ZIP PENSACOLA FL 32562

TITLE TD ☐ Delete
NAME LYNCHARD, DARYL D
STREET ADDRESS P.O. BOX 5248
CITY-ST-ZIP NAVARRE FL 32566

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100110863771
CITY-ST-ZIP 10/16/07--01058--016 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *11/26*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100110863771
CITY-ST-ZIP 11/28/07--01007--004 **\$175.00

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 exemptions contained 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 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:

Chauhan

8/16/2007

FILED

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REINSTATEMENT

2nd MOORE CR2E037 (4/07)