

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003753

FILED  
Jul 31, 2004  
Secretary of State

Entity Name: ENDANGERED PRIMATE FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 414  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

2900 CORONET LANE #108  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 414  
MYAKKA CITY, FL 34251

**New Mailing Address:**

P.O. BOX 55112  
JACKSONVILLE, FL 32216

FEI Number: 38-3650600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, TRACY  
42500 73RD AVENUE EAST  
MYAKKA CITY, FL 34251 US

**Name and Address of New Registered Agent:**

WILLIAMS, TRACY  
2900 CORONET LANE #108  
JACKSONVILLE, FL 32216 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:

07/31/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, TRACY  
Address: P.O. BOX 414  
City-St-Zip: MYAKKA CITY, FL 34251

Title: S ( ) Delete  
Name: ZIRKELBACH, SILVIA  
Address: 5401 CURRY CREEK RD  
City-St-Zip: CRESTWOOD, KY 40014

Title: T ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 616 VIRGINIA AVE  
City-St-Zip: LOUISVILLE, KY 40222

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILLIAMS, TRACY  
Address: 2900 CORONET LANE #108  
City-St-Zip: JACKSONVILLE, FL 32207

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 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: TRACY WILLIAMS

P

07/31/2004

Electronic Signature of Signing Officer or Director

Date