

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008364

Entity Name: ZOOHAVEN SOCIETY, INC.

**FILED**  
**Feb 16, 2004**  
**Secretary of State****Current Principal Place of Business:**4180- 14TH STREET N.E.  
ST. PETERSBURG, FL 33703**New Principal Place of Business:**15105 ARBOR HOLLOW DRIVE  
ODESSA, FL 33556**Current Mailing Address:**4180- 14TH STREET N.E.  
ST. PETERSBURG, FL 33703**New Mailing Address:**15105 ARBOR HOLLOW DRIVE  
ODESSA, FL 33556

FEI Number: 82-0583752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MACNEILL, KAREN  
4180- 14TH STREET N.E.  
ST. PETERSBURG, FL 33703 US**Name and Address of New Registered Agent:**MACNEILL, KAREN  
15105 ARBOR HOLLOW DRIVE  
ODESSA, FL 33556 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: KAREN MACNEILL

02/16/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: MACNEILL, KAREN  
Address: 4180- 14TH STREET N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703Title: D ( ) Delete  
Name: CLINE, VINNET  
Address: 1819- 29TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713Title: D ( ) Delete  
Name: SWARTZ, TIMOTHY D  
Address: 4180- 14TH STREET N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: MACNEILL, KAREN  
Address: 15105 ARBOR HOLLOW DRIVE  
City-St-Zip: ODESSA, FL 33556Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: SWARTZ, TIMOTHY D  
Address: 15105 ARBOR HOLLOW DRIVE  
City-St-Zip: ODESSA, FL 33556

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: KAREN MACNEILL

D

02/16/2004

Electronic Signature of Signing Officer or Director

Date