


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 015 ****61.25

DOCUMENT # N04000011934 1. Entity Name TORTOISE & TURTLE CONSERVATION CENTER, INC.					
Principal Place of Business 108 EAST HILLCREST STREET ORLANDO, FL 32801			Mailing Address 108 EAST HILLCREST STREET ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc. 8440 S.E. 21st AVE. City & State OCALA FLORIDA Zip 34480			3. Mailing Address Suite, Apt. #, etc. 8440 S.E. 21st AVE City & State OCALA FLORIDA Zip 34480		
4. FEI Number 07132005			Chg-NP CR2E037 (10/03)		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent ALLEN, THOMAS R 108 EAST HILLCREST STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name FRANK W. ZEIGLER Street Address (P.O. Box Number is Not Acceptable) 8440 SE 21st AVE. City OCALA FL 34480		
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 <u>Frank W. Zeigler</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BACHELOR, SANDY 108 EAST HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZEIGLER, FRANK W. 8440 SE 21st AVE. OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEIGLER, CYNTHIA W 108 EAST HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZEIGLER, CYNTHIA W. 8440 S.E. 21st AVE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, BRIAN PHD 108 EAST HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEYER, BRIAN, PHD 8440 SE 21st AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEIGLER, FRANK W 108 EAST HILLCREST STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BACHELOR, SANDY 8440 SE 21st AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Frank W. Zeigler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>				Date <u>10 Aug 05</u> Daytime Phone # <u>352 402 9330</u>	