

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06661

FILED
Apr 14, 2009
Secretary of State

Entity Name: EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

8225 N WICKHAM ROAD
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

8225 N WICKHAM ROAD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2496749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEADLE, JAMES P.
5205 BABCOCK ST. NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: BARKER, JACQUELINE
Address: 327 S. LAKESIDE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: P () Delete
Name: HARRISON, JULIE
Address: 465 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: TD () Delete
Name: DALE, LINDA
Address: 280 NORTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VP () Delete
Name: BEDOR, THOMAS
Address: 658 ROSSMOOR CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: RS () Delete
Name: MIKOLAJCZYK, KIM
Address: 400 LANTERNBACK ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ED () Delete
Name: WINSTEN, DAVID K
Address: 1937 AUBURN LAKES DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: NANCY T. GRZESIK

AD

04/14/2009

Electronic Signature of Signing Officer or Director

Date