

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30412

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: GENESIS ZOOLOGICAL CENTER, INC.

**Current Principal Place of Business:**

747 HOWARD RD  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

747 HOWARD RD  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

FEI Number: 59-3056325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLAWAY, KIM  
747 HOWARD RD  
AUBURNDALE, FL 33823 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: DP ( ) Delete  
Name: ALLAWAY, KIM  
Address: 747 HOWARD RD.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: TO, VINCENT  
Address: 1052 HWY 92 W.  
City-St-Zip: AUBURNDALE, FL 33823

Title: DT ( ) Delete  
Name: BROOKS, KARL  
Address: 200 AVE SE APT 349  
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete  
Name: MILLER, ROBIN  
Address: 23044 PILGRAM  
City-St-Zip: HAZEL PARK, MI 48030

Title: S ( ) Delete  
Name: SHELDON, STEVE  
Address: 56 TOWER MANOR CIR W  
City-St-Zip: AUBURNDALE, FL 33823

**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: VD (X) Change ( ) Addition  
Name: TUMINELLO, MARC  
Address: P.O.BOX 1365  
City-St-Zip: POLK CITY, FL 33868 US

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 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: KIM ALLAWAY

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date