

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30412

FILED  
Apr 24, 2008  
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:**

P.O. BX 1523  
POLK CITY, FL 33868 US

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

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: ( ) 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: KIM ALLAWAY

D/P

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date