2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N30412

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:

P.O. BX 1523
POLK CITY, FL 33868 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:	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:	SD	(X) Change ( ) Addition
Name:	BREYER, ANN	
Address:	3218 KING CHARLES CIR.	
City-St-Zip:	SEFFNER, FL 33584	

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 PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date