

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90097 048 ****61.25

DOCUMENT # N37564

1. Entity Name

**DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL
FORESTS, INC.**



Principal Place of Business

Mailing Address

C/O MONKEY JUNGLE
P O BOX 246
MIAMI FL 33170

C/O MONKEY JUNGLE
P O BOX 246
MIAMI FL 33170



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0201636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMOND, FRANK V., JR.
14805 SW 216 ST
MIAMI FL 33170

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUMOND, FRANK V., JR.	
STREET ADDRESS	14805 SW 216 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUMOND, SHARON	
STREET ADDRESS	9600 SW 159 ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, STEVEN, M	
STREET ADDRESS	25920 SW 193 AVE	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD, FRANK	
STREET ADDRESS	505 EAST SIXTH AVENUE	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIRE, BONNIE	
STREET ADDRESS	2655 LE JENNE RD SUITE 1108	
CITY-STATE-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Du Mond Sharon	
STREET ADDRESS	14805 SW 216 ST	
CITY-STATE-ZIP	Miami FL 33170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sharon M Du Mond* Sharon M Du Mond

4/27/07

305 235 1611