

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37564

FILED
May 06, 2009
Secretary of State

Entity Name: DUMOND CONSERVANCY FOR PRIMATES AND TROPICAL FORESTS, INC.

Current Principal Place of Business:

C/O MONKEY JUNGLE
14805 SW 216 ST
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0201636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUMOND, FRANK V., JR.
14805 SW 216 ST
MIAMI, FL 33170 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: PD () Delete
Name: DUMOND, FRANK V., JR.
Address: 14805 SW 216 ST
City-St-Zip: MIAMI, FL

Title: STD () Delete
Name: DUMOND, SHARON
Address: 14805 SW 216 ST
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: GREEN, STEVEN, M
Address: 25920 SW 193 AVE
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: LOCKWOOD, FRANK
Address: 505 EAST SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: BLAIRE, BONNIE
Address: 2655 LE JENNE RD SUITE 1108
City-St-Zip: MIAMI, FL 33134

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: FRANK DUMOND

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date