

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004486 (7)

1. Corporation Name

CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION, INC.



Principal Place of Business

Mailing Address

11000 SW 57TH AVE
~~1 SE 3RD AVE~~
MIAMI FL 33143
US

8106 SW 81ST CT
~~1 SE 3RD AVE~~
MIAMI FL 33143
US

3. Date Incorporated or Qualified
09/29/1993

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **11000 S.W. 57 AVE**

26 **8106 S.W. 81CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 _____

27 _____

23 **MIAMI FL**

28 **MIAMI FL**

24 **33156** 25 Country

29 **33143** 30 Country

4. FEI Number
65-0444725

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAGAN, PATRICIA
8106 SW 81ST CT
~~1 SE 3RD AVE~~
MIAMI FL 33143

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Patricia Ragan*

PATRICIA RAGAN

2/1/96

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BARTHET, PATRICK**
STREET ADDRESS **200 S BISCAYNE BLVD 2870**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **CARMICHAEL, KEVIN**
STREET ADDRESS **19495 BISCAYNE BLVD 606**
CITY-ST-ZIP **N MIAMI BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **RAGAN, PATRICIA**
STREET ADDRESS **8106 SW 81ST CT**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Ragan*

PATRICIA RAGAN

2/1/96

305-669-7018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)