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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004486**

1. Corporation Name

CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION , INC.

Principal Place of Business	Mailing Address
1018 MAUDE ROAD WAUCHULA FL 33873 US	P.O. BOX 488 WAUCHULA FL 33873 US

2. Principal Place of Business 21 5843 VAN SIMMONS RD	2a. Mailing Address 26 P.O. BOX 488	3. Date Incorporated or Qualified 09/29/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0444725 ☐ Applied For ☐ Not Applicable
City & State 23 WAUCHULA	City & State 28 WAUCHULA	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 33873 25 US	Zip / Country 29 33873 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RAGAN, PATRICIA
1018 MAUDE ROAD
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARTHET, PATRICK		1.2 NAME	
STREET ADDRESS	200 S BISCAYNE BLVD, #2120		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, KEVIN		2.2 NAME	
STREET ADDRESS	2121 BRICKELL AVE, 19TH FL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAGAN, PATRICIA		3.2 NAME	
STREET ADDRESS	1018 MAUDE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL 33873		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, PAT		4.2 NAME	
STREET ADDRESS	733 ALLENDALE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Patricia L. Ragan SIGNATURE REQUIRED Patricia L. Ragan 4/1/99 941-767-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)