2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005
Secretary of State

DOCUMENT# N93000004486

Entity Name: CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION, INC.

Current Principal Place of Business:

5843 VAN SIMMONS RD
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 488
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 65-0444725 **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:

RAGAN, PATRICIA
1018 MAUDE ROAD
WAUCHULA, FL 33873 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: VP ( ) Delete
Name: CARLON, CHARLES
Address: 11350 SW 122 ST
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete
Name: CARMICHAEL, KEVIN
Address: 2810 66 ST SW
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete
Name: RAGAN, PATRICIA
Address: 1018 MAUDE ROAD
City-St-Zip: WAUCHULA, FL 33873 US

Title: D ( ) Delete
Name: KELLY, PAT
Address: 733 ALLENDALE ROAD
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D ( ) Delete
Name: LAURA, JACK
Address: 7205 GLENEAGLE DR.
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: DS ( ) Delete
Name: SMITH, SARAH
Address: 4465 DIAMOND CIRCLE SOUTH
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: CARMICHAEL, KEVIN
Address: 2810 66 ST SW
City-St-Zip: NAPLES, FL 34105

Title: DT (X) Change ( ) Addition
Name: RAGAN, PATRICIA
Address: 1018 MAUDE ROAD
City-St-Zip: WAUCHULA, FL 33873 US

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 for the exemption stated in Section 119.07(3)(i), 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: PATRICIA RAGAN TD 05/23/2005

Electronic Signature of Signing Officer or Director — Date