


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000004486</b>	
1. Entity Name <b>CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION, INC.</b>	

Principal Place of Business <b>5843 VAN SIMMONS RD WAUCHULA, FL 33873 US</b>	Mailing Address <b>P.O. BOX 488 WAUCHULA, FL 33873 US</b>
---	--



01252007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0444725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RAGAN, PATRICIA 1018 MAUDE ROAD WAUCHULA, FL 33873</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CARLON, CHARLES 11350 SW 122 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CARMICHAEL, KEVIN 2810 66 ST SW NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT RAGAN, PATRICIA 1018 MAUDE ROAD WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KELLY, PAT 733 ALLENDALE ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LAURA, JACK 7205 GLENEAGLE DR. MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS SMITH, SARAH 4465 DIAMOND CIRCLE SOUTH SARASOTA, FL 34233

000000606563  
01/31/07-80002-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Patricia Ragan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

Date

863-767-8903

Daytime Phone: #