

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N93000004486

1. Entity Name

**CENTER FOR ORANGUTAN AND CHIMPANZEE
CONSERVATION, INC.**



Principal Place of Business

**5843 VAN SIMMONS RD
WAUCHULA, FL 33873 US**

Mailing Address

**P.O. BOX 488
WAUCHULA, FL 33873 US**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0444725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAGAN, PATRICIA
1018 MAUDE ROAD
WAUCHULA, FL 33873**

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/15/08-80045-002 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-08

863-767-
8903