

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004486

FILED  
Jan 07, 2009  
Secretary of State

**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 ( )**

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

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

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

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 exemption stated 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 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

DT

01/07/2009

Electronic Signature of Signing Officer or Director

Date