FILED
Jul 20, 2007 08:00 AM
Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004956

1. Entity Name
LOWRY PARK ZOO ENDOWMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
1101 W SLIGH AVE TAMPA, FL 33604	1101 W SLIGH AVE TAMPA, FL 33604

DO NOT WRITE IN THIS SPACE

07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3216472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRAZ, DAVID A JR
1101 W SLIGH AVE
TAMPA, FL 33604

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

Filing Fee is $61.25
Due by September 14, 2007

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

U00000769889
07/20/07-80008-022 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAZ, DAVID A JR
STREET ADDRESS	1101 W SLIGH AE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	CALLAHAN, SANDRA W
STREET ADDRESS	1101 W SLIGH AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	STOHLER, RICHARD L
STREET ADDRESS	1101 W SLIGH AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	SULLIVAN, CHRIS
STREET ADDRESS	1101 W SLIGH AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	MUELLER, SUSAN LYKES
STREET ADDRESS	1101 W SLIGH AVE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: David A. Straz Jr. 6/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #