

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004956

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** LOWRY PARK ZOO ENDOWMENT FOUNDATION, INC.

**Current Principal Place of Business:**

1101 W SLIGH AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

1101 W SLIGH AVE  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 59-3216472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUELLER, SUSAN  
1101 W SLIGH AVE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

MUELLER, SUSAN C  
1101 W SLIGH AVE  
TAMPA, FL 33604 US

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: SUSAN MUELLER

04/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC ( ) Delete  
Name: SULLIVAN, PAT  
Address: 1101 W SLIGH AE  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: SNYDER, BET  
Address: 1101 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

Title: O ( ) Delete  
Name: STOHLER, RICHARD L  
Address: 1101 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: KRYSTIN, ELIZABETH  
Address: 1101 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

Title: C ( ) Delete  
Name: MUELLER, SUSAN LYKES  
Address: 1101 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: C ( ) Change (X) Addition  
Name: SUSAN, MUELLER  
Address: 1101 W SLIGH AVE  
City-St-Zip: TAMPA, FL 33604

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: SUSAN MUELLER

C

04/13/2009

Electronic Signature of Signing Officer or Director

Date