

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 021 ****61.25

DOCUMENT # N95000001585

1. Entity Name
THE GREATER ORLANDO AQUARIUM SOCIETY, INC.



Principal Place of Business
**3030 N COUNTY ROAD 426
GENEVA, FL 32732**

Mailing Address
**3030 N COUNTY ROAD 426
GENEVA, FL 32732**

04060071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3237429

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAY, GARY
3030 N COUNTY ROAD 426
GENEVA, FL 32732**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/04

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORAN, DAVID ☐ Delete
STREET ADDRESS 211 S. SHERRY LANE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VD
NAME GRAY, GARY ☐ Delete
STREET ADDRESS 3030 N. COUNTY ROAD 426
CITY-ST-ZIP GENEVA, FL 32732

TITLE SDTD
NAME GRAY, PRISCILLA ☐ Delete
STREET ADDRESS 3030 N. COUNTY RD. 426
CITY-ST-ZIP GENEVA, FL 32732

TITLE TD
NAME GRAY, PRISCILLA ☐ Delete
STREET ADDRESS 3030 N COUNTY RD 426
CITY-ST-ZIP GENEVA, FL 32732

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME David Moran
STREET ADDRESS 1089 High Point Loop
CITY-ST-ZIP Longwood FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-04
Date

4075826816
Daytime Phone