

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90228 048 ****70.00

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1. Corporation Name

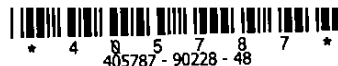
THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

Principal Place of Business

8605 ZOO PARKWAY
JACKSONVILLE FL 32218
US

Mailing Address

8605 ZOO PARKWAY
JACKSONVILLE FL 32218
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/18/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1319010

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, DOUGLAS C DVM
8605 ZOO PARKWAY
JACKSONVILLE FL 32218

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE C. DOUGLAS PAGE, DVM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HOGSHEAD, ANDY
CITY-ST-ZIP 225 WATER STREET
JACKSONVILLE FL 32202

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME CD
STREET ADDRESS MILLER, FRANK E
CITY-ST-ZIP 200 W. FORSYTH STREET, SUITE 1400
JACKSONVILLE FL 32254

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DVC
STREET ADDRESS DAVIS, A. DANO
CITY-ST-ZIP 5050 EDGEWOOD COURT
JACKSONVILLE FL 32254

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME DD
STREET ADDRESS PAGE, C D DVM
CITY-ST-ZIP 8605 ZOO PARKWAY
JACKSONVILLE FL 32218

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VCD
STREET ADDRESS SCHMIDT, THOMAS P
CITY-ST-ZIP 500 WATER STREET
JACKSONVILLE FL 32202

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS PHILLIPS, PAMELA C
CITY-ST-ZIP 50 N LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. Douglas Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS PAGE, DVM 04-19-99

(904) 757-4463

Date

Daytime Phone #

CR2E037 (1/1/98)