## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N95000005933

FILED Mar 27, 2003 Secretary of State

Entity Name: THE JACKSONVILLE ZOOLOGICAL FOUNDATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
8605 ZOO I JACKSON\	PARKWAY /ILLE, FL 32218	US					
Current Mailing Address:			New Mailii	New Mailing Address:			
8605 ZOO I JACKSON\	PARKWAY /ILLE, FL 32218	US					
FEI Number:	59-3386352 FE	l Number Applied For()	FEI Number Not Appli	icable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of Curre	nt Registered Agent:	Name and	Address of	New Registered Agent:		
JOHNSON, JANET C 8605 ZOO PARKWAY JACKSONVILLE, FL 32218 US			8605 ŽOO	PATE, DENNIS E 8605 ZOO PARKWAY JACKSONVILLE, FL 32218 US			
The above in the State		nits this statement for the pu	ırpose of changing it	s registered	office or registered agent,	or both,	
SIGNATUR	E: DENNIS E PA	TE			03/27/2003		
	Electronic Si	gnature of Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T () Delet MERRITT, ANJIE 50 N LAUARA ST # 3 JACKSONVILLE, FL	000	Title: Name: Address: City-St-Zip:	MERRITT, AN 6102 QUIET (	(X) Change ()Addition NJIE COUNTRY LANE .LE, FL 32218		
Title: Name: Address: City-St-Zip:	C () Delet CANNON, CARL N P. O. BOX 1949 JACKSONVILLE, FL		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VCO () Delet HAYT, JOHN T 1169 QUEENS HARB JACKSONVILLE, FL	OUR BLVD	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VCM () Delet BACALIS, STEVEN 417 SOUTH EDGEW JACKSONVILLE, FL	OOD AVENUE	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VCD () Delet COKER, HOWARD 136 EAST BAY STRE JACKSONVILLE, FL	ET	Title: Name: Address: City-St-Zip:	BAKER, MAR 540 PONTE V			
Title: Name: Address: City-St-Zip:	SD () Delet PHILLIPS, PAMELA F 50 N LAURA STREET JACKSONVILLE, FL	( <sup>-</sup> , SUITE 2800	Title: Name: Address: City-St-Zip:	(	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANJIE MERRITT TD 03/27/2003

DR. DAVID LOEB 4500 SAN PABLO ROAD JACKSONVILLE, FLORIDA 32224

JOHN DIAMOND, VICE CHAIR BLDGS & GRNDS 1301 RIVERPLACE BLVD., SUITE 500 JACKSONVILLE, FLORIDA 32207