FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

22

23

24

Zip

City & State

N96000003468 (3)

THE SARASOTA BRADENTON CHILDREN'S ZOO, INC.

Country

25

 Principal Place of Business
 Mailing Address

 7512 N. TAMIAMI TRAIL 6ARASOTA FL 34243
 7512 N. TAMIAMI TRAIL 5ARASOTA FL 34243-1805

 2. Principal Place of Business
 2a. Mailing Address

 4. FEI Number

 5 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

27

28

29

City & State

Zip

FILED Apr 02 1997 8:00am Secretary of State



Yes No

This corporation has liability for intangible tax under s. 199.032,

Name and Address of New Registered Agent

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

| g, really and really of Control register register | | | | It. Italia and radioss of New Hogistored Agont |
|---|---------------------------------|---------------|--|---|
| | | 81 | Name | |
| STEWART-HINES, LAURA J | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 7512 N. TAMIAMI TRAIL SARASOTA FL 34243 | | 83 | | |
| | | | | |
| | | | 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, Signature, typed or print@Apano of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| 12. | | 13. | n agnas | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Laura J. Hewart - Flines DELETE | 1.1 TITLE | | Change Addition |
| NAME | | 1.2 NAME | | |
| STREET ADDRESS | 3610 47 th , 57 | | ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-S1 | I-ZIP | |
| TITLE | | 2.1 TITLE | | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 23 STREET | ADDRESS | |
| CITY-ST-ZIP | San Antonio DX 18216 | 2. 4 CHTY-S | T-ZIP | VA 124 |
| TITLE | 100 | 3.1 TITLE | | Change Addition |
| NAME | Derck Ross, | 3.2 NAME | | ; |
| STREET ADDRESS | | 3.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY - S | 1 - ZIP | |
| TITLE | ☐ DELETE 4 | 4.1 TITLE | | Change Addition |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | 4 | 1.3 STREET | address | |
| CITY-ST-ZIP | | | r - ZiP | |
| TITLE | DELETE 5 | i.1 TITLE | | Change Addition |
| NAME | 5 | 2 NAME | | ; |
| STREET ADDRESS | 5 | 3.3 STREET | address | |
| CITY-ST-ZIP | | 5.4 CITY - ST | I - 21P | |
| TITLE | L] DEL€TE 6 | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | € | 6.2 NAME | | |
| STREET ADDRESS | 6 | 6.3 STREET | | |
| CITY-ST-ZIP | | 6.4 CITY-ST | | |
| 14. I do 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 eath; 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 attachmost with an address. | | | | |

Country

30