2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90032 024 ****61.25

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1. Entity Name
GULF COAST SANCTUARY/SARASOTA BRADENTON CHILDREN'S ZOO, INC.

Principal Place of Business	Mailing Address
7100 PALMER ROAD SARASOTA, FL 34240-4219	3115 44TH ST. SARASOTA, FL 34234

02112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0659177
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, KAY P
3115 44TH ST.
SARASOTA, FL 34234-4216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSS, KAY P
STREET ADDRESS	3115 44TH ST.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MEM
NAME	REPASY, LINDA
STREET ADDRESS	24 TUCKER AVENUE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MEM
NAME	ROSS, DERRIK V
STREET ADDRESS	3115 44TH ST
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MEM
NAME	HINES, RON
STREET ADDRESS	170 DRAPER DRIVE
CITY-ST-ZIP	BROWNSVILLE, TX 78251
TITLE	MEM
NAME	ZOPE, PAMELA
STREET ADDRESS	5317 FRUITVILLE RD., #175
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Kay P. Ross X Date X Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR