

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766300

Entity Name: LOWRY PARK ZOOLOGICAL SOCIETY OF TAMPA, INC.**Current Principal Place of Business:**1101 W. SLIGH AVE.
TAMPA, FL 33604**Current Mailing Address:**1101 W. SLIGH AVE.
TAMPA, FL 33604**FEI Number:** 59-2328289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUGH, CRAIG
1101 W. SLIGH AVE.
TAMPA, FL 33604 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name PUGH, CRAIG
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title OFFICER
Name HONEGGER, DAN
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title CFO
Name HENNIG, ELIZABETH
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title VP, ANIMAL SCIENCE AND
 CONSERVATION
Name KILLMAR, LAWRENCE
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title OFFICER
Name RASMUSSEN, ROBERT
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title OFFICER
Name BAILEY, MARYLOU
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title EXECUTIVE VICE PRESIDENT
Name ZIMMERMAN, DAVID
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

Title VP, EDUCATION
Name MCLACHLAN, JENNIFER
Address 1101 W. SLIGH AVE.
City-State-Zip: TAMPA FL 33604

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I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH HENNIG**CFO****02/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP, OPERATIONS	Title	OFFICER
Name	CHERYL , LARSEN	Name	JORDAN-HOLMES, HEATHER
Address	1101 W. SLIGH AVE.	Address	1101 W SLIGH AVE
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604