2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# N00000000174

Entity Name: FLORIDA INTERNATIONAL TEACHING ZOO, INC.

## Current Principal Place of Business:

7725 CR 48 WEST
BUSHNELL, FL 33513

## Current Mailing Address:

P.O. BOX 2319

BELLEVIEW, FL 34421

## FEI Number: 82-2978126

Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILSON, MARK D
7725 CR 48 WEST
BUSHNELL, FL 33513 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

## Officer/Director Detail :

| Title | D | Title | PT |
| :--- | :--- | :--- | :--- |
| Name | RILEY, DARREL | Name | WILSON, MARK DVM |
| Address | 2121 S.W. 19TH AVE. ROAD | Address | P.O. BOX 2319 |
| City-State-Zip: | OCALA FL 34474 | City-State-Zip: | BELLEVIEW FL 34421 |
| Title | VP | Title | S |
| Name | JENKINS, CHARLES | Name | BROWN, VALERIE |
| Address | 1612 PALMETTO SHADE CT. | Address | P.O. BOX 2319 |
| City-State-Zip: | LITHIA FL 33547 | City-State-Zip: | BELLEVIEW FL 34421 |
| Title | D |  |  |
| Name | BRICKEL, JOHN |  |  |
| Address | P.O. BOX 2319 |  |  |
| City-State-Zip: | BELLEVIEW FL 34401 |  |  |

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[^0]:    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.

