

**2017 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

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC7265271634**

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RILEY, DARREL  
Address 2121 S.W. 19TH AVE. ROAD  
City-State-Zip: Ocala FL 34474

Title PT  
Name WILSON, MARK DVM  
Address P.O. BOX 2319  
City-State-Zip: BELLEVIEW FL 34421

Title VP  
Name JENKINS, CHARLES  
Address 1612 PALMETTO SHADE CT.  
City-State-Zip: LITHIA FL 33547

Title S  
Name BROWN, VALERIE  
Address P.O. BOX 2319  
City-State-Zip: BELLEVIEW FL 34421

*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: MARK D. WILSON,DVM**

**PRESIDENT**

**04/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date