

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004486

Entity Name: CENTER FOR ORANGUTAN AND CHIMPANZEE
CONSERVATION, INC.**Current Principal Place of Business:**5843 VAN SIMMONS RD
WAUCHULA, FL 33873**Current Mailing Address:**P.O. BOX 488
WAUCHULA, FL 33873 US**FEI Number:** 65-0444725**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAGAN, PATRICIA L
1018 MAUDE ROAD
WAUCHULA, FL 33873 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:** PATRICIA L RAGAN

01/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name DUPRE, SUE
Address 2870 BRACCI DR
City-State-Zip: ST JAMES CITY FL 33956

Title DIRECTOR
Name CARMICHAEL, KEVIN
Address 2810 66 ST SW
City-State-Zip: NAPLES FL 34105

Title PRESIDENT, DIRECTOR
Name RAGAN, PATRICIA
Address 1018 MAUDE ROAD
City-State-Zip: WAUCHULA FL 33873

Title D
Name KELLY, PAT
Address 733 ALLENDALE ROAD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name MATHESON, LINDSEY
Address 7743 FISHER ISLAND DR.
City-State-Zip: MIAMI BEACH FL 33109

Title DIRECTOR, TREASURER
Name PEISNER, SCOTT
Address 14820 RUE DE BAYONNE, #503
City-State-Zip: CLEARWATER FL 33762

Title VP
Name GILL, JOHN
Address PO BOX 580
City-State-Zip: WAUCHULA, FL FL 33873

Title DIRECTOR
Name HARRIS, PATRICK
Address 801 NW 26TH ST
City-State-Zip: WILTON MANORS FL 33311

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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: PATRICIA L. RAGAN**PRESIDENT**

01/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EASLEY, LUCIE
Address 4770 BAYWIND DR
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR
Name PHELPS, RONNA
Address 1050 BUFFALO RIDGE RD
City-State-Zip: CASTLE PINES CO 80108

Title DIRECTOR
Name WATKINS, JANE
Address 8540 SW 160 ST
City-State-Zip: MIAMI FL 33157

Title DIRECTOR, SECRETARY
Name BALDWIN, WALLY
Address P.O. BOX 488
City-State-Zip: WAUCHULA FL 33873

Title VICE CHAIR
Name PERKINS, LORI
Address P.O. BOX 488
City-State-Zip: WAUCHULA FL 33873