

2013 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: No****Name and Address of Current Registered Agent:**CARMICHAEL, KEVIN
9132 STRADA PLACE
FOURTH FLOOR
NAPLES, FL 34108-2683 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	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	D, SECRETARY
Name	LAURA, JACK
Address	7205 GLENEAGLE DR.
City-State-Zip:	MIAMI LAKES FL 33014

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

Title	DIRECTOR
Name	MERSENTES, THERESE
Address	2275 S OCEAN BLVD, #107A
City-State-Zip:	PALM BEACH, FL FL 33480

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

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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 RAGAN**PRESIDENT****01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, SARAH
Address 583 RANCHERS CLUB LANE
City-State-Zip: DRIFTWOOD TX 78619

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

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

Title DIRECTOR
Name SWART, BETSY
Address 642 E AMELIA ST
City-State-Zip: ORLANDO FL 32803

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