2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2025
Secretary of State
1121434320CC

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 01/03/2025

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

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

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

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

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

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

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 RAGAN PRESIDENT 01/03/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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