

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008786

FILED
Apr 15, 2011
Secretary of State

Entity Name: MYSTIC JUNGLE EDUCATIONAL FACILITY INC.

Current Principal Place of Business:

13429 SOUTH HWY 129
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

13429 SOUTH HWY 129
LIVE OAK, FL 32060

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPLES, MARK R
13429 SOUTH HWY 129
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: CHAPLES, MARK R
Address: 13429 SOUTH HWY 129
City-St-Zip: LIVE OAK, FL 32060

Title: D
Name: BELLMAN, RALPH
Address: GENERAL DELIVERY
City-St-Zip: OCHOPEE, FL 34141

Title: DST
Name: CHAPLES, MARY G
Address: 5901 SW 160TH AVE
City-St-Zip: SOUTH WEST RANCHES, FL 33331

Title: D
Name: PERSCHBACH, GEORGE H
Address: 910 NW 49TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33064

Title: D
Name: DYKES, JOSHUA
Address: 5745 DYKES ROAD
City-St-Zip: WEST WEST RASNCES, FL 33331

Title: DV
Name: NEWBERRY, VERA
Address: 13429 SOUTH HWY 129
City-St-Zip: LIVE OAK, FL 32060

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: MARYGAY CHAPLES

DST

04/15/2011

Electronic Signature of Signing Officer or Director

Date