

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008786

Entity Name: MYSTIC JUNGLE EDUCATIONAL FACILITY INC.**Current Principal Place of Business:**13429 SOUTH HWY 129
LIVE OAK, FL 32060**Current Mailing Address:**13429 SOUTH HWY 129
LIVE OAK, FL 32060**FEI Number: 27-3313233****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPLES, MARK R
13429 SOUTH HWY 129
LIVE OAK, FL 32060 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 DP
Name CHAPLES, MARK R
Address 13429 SOUTH HWY 129
City-State-Zip: LIVE OAK FL 32060

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

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

Title DIRECTOR
Name TRUBEY, WILLIAM
Address 27061 29TH ROAD
City-State-Zip: BRANFORD FL 32008

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

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

Title DIRECTOR
Name ZELLMER, BRUCE DR.
Address 11535 NORTH QUAYSIDE DR.
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR
Name CHAPLES, ROBERT
Address 13429 SOUTH HWY 129
City-State-Zip: LIVE OAK FL 32060

Continues on page 2

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 CHAPLES**AGENT****04/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REYES, ROGER A
Address 13429 SOUTH HWY 129
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name JAROSEK, JAMIE
Address 13429 SOUTH HWY 129
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name ADAMS, CYNTHIA DIANE
Address 117 SW FIELDSTONE
City-State-Zip: LAKE CITY FL 32024