2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2016
Secretary of State
CC0015519483

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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 RASNCHES 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

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 SECRETARY 04/27/2016

Electronic Signature of Signing Officer/Director Detail — Date