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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712893 (7)

1. Corporation Name

TROPICAL PARK CIVIC ORGANIZATION, INC.

Principal Place of Business	Mailing Address
WODDY SIMPSON'S PARK RECREATION CNTR. P.O. BOX 541022 MERRITT ISLAND FL 32954-1022	WODDY SIMPSON'S PARK RECREATION CNTR. P.O. BOX 541022 MERRITT ISLAND FL 32954-1022

3. Date Incorporated or Qualified: 06/07/1967

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JOES, DEE E
445 OXFORD AVE
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name: DEE F. JONES
82 Street Address (P.O. Box Number is Not Acceptable): 445 OXFORD AVE.
83
84 City: MERRITT ISLAND, FL 85 Zip Code: 32953

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DEE F. JONES Dee F Jones 5-16-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DEE		1.2 NAME		
STREET ADDRESS	445 OXFORD AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, MICHAEL		2.2 NAME		
STREET ADDRESS	470 LINCOLN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, EVON		3.2 NAME		
STREET ADDRESS	1145 KING STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HOUSTON, ISAAK		4.2 NAME	HOUSTON, ISAAC	
STREET ADDRESS	1433 N. TROPICAL TRAIL		4.3 STREET ADDRESS	1433 N. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JOHN L.		5.2 NAME		
STREET ADDRESS	1400 N. TROPICAL TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, LINDA L		6.2 NAME		
STREET ADDRESS	1400 N. TROPICAL TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isaac J. Houston ISAAC JAMES HOUSTON 4/14/98 407/633-3570