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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90094 033 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N43309

1. Corporation Name

JUNGLE TERRACE CIVIC ASSOCIATION, INC.

Principal Place of Business

7101 36TH AVENUE NORTH
ST. PETERSBURG FL 33710

Mailing Address

7101 36TH AVENUE NORTH
ST. PETERSBURG FL 33710



| | | | | | |
|----------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 05/06/1991 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3067686 | |
| 24 Country | | 30 Country | | Applied For | |
| | | | | Nct Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 6. Election Campaign Financing | | | | <input type="checkbox"/> Trust Fund Contribution | |

9. Name and Address of Current Registered Agent

PLICE, STEVEN
7101 36TH AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEREDITH, RICHARD | 1.2 NAME | PLICE, STEVEN |
| STREET ADDRESS | 7101 36TH AVENUE NORTH | 1.3 STREET ADDRESS | 7101 36TH AVENUE |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 1.4 CITY-ST-ZIP | St. Petersburg, FL 33710 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MOTOLA, DEBBIE | 2.2 NAME | HARTOUGH, FRANK |
| STREET ADDRESS | 7101 36TH AVENUE NORTH | 2.3 STREET ADDRESS | 7101 36TH AVE. N |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 2.4 CITY-ST-ZIP | St. Petersburg, FL 33710 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PLICE, STEVEN | 3.2 NAME | SOULE, CAROL |
| STREET ADDRESS | 7101 36TH AVENUE NORTH | 3.3 STREET ADDRESS | 7101 36TH AVE. N |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 3.4 CITY-ST-ZIP | St. Petersburg, FL 33710 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, MARY LOU | 4.2 NAME | |
| STREET ADDRESS | 7101 36TH AVENUE NORTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PLICE, PD 4/25/99 (727) 344-3120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

005232

CR2E037 (11/98)