

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 035 ****61.25

DOCUMENT # N43309 1. Entity Name JUNGLE TERRACE CIVIC ASSOCIATION, INC.			
Principal Place of Business 7975 22ND AVE N SAINT PETERSBURG, FL 33710		Mailing Address 7975 22ND AVE N SAINT PETERSBURG, FL 33710	
2. Principal Place of Business - No P.O. Box # 4859 Park St N Suite, Apt. #, etc. #230		3. Mailing Address 4859 Park St N Suite, Apt. #, etc. #230	
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL	
Zip 33709		Zip 33709	
Country PINELLAS		Country PINELLAS	
4. FEI Number 59-3067686		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAEED, YUSUF A 7975 22ND AVE N SAINT PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name LYN DEXTER Street Address (P.O. Box Number is Not Acceptable) 4859 PARK ST N #230 City ST. PETERSBURG FL Zip Code 33709	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 7-3-07 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME ZACHEM, STEVE STREET ADDRESS 7353 38TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE TD LYN DEXTER NAME 8115 38TH AVE N STREET ADDRESS ST PETERSBURG FL 33710 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME RUSSELL, RON STREET ADDRESS 8115 38TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE D NAME MITCHELL, MARY LOU STREET ADDRESS 8242 33RD AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete
TITLE SD NAME ZACHEM, PAULA STREET ADDRESS 735338TH AVE N CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE D NAME DEXTER, LYNN STREET ADDRESS 8115 38TH AVE N CITY-ST-ZIP ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 7-3-07 DAYTIME PHONE # 727 345 7000	