FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18157 (0)

1. Corporation Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RANDALL C. BERG 4982 ARAPAHOE AVE JACKSONVILLE FL 32210	C/O RANDALL C. BERG 4982 ARAPAHOE AVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2765584 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: c/o Alicia B. Grant	26 2a. Mailing Address: C/o Alicia B. Grant
22 Suite, Apt. #, etc.: 3575 Riverside Ave	27 Suite, Apt. #, etc.: 3575 Riverside Ave
23 City & State: Jacksonville FL	28 City & State: Jacksonville FL
24 Zip: 32205 25 Country:	29 Zip: 32205 30 Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

BERG, RANDALL C
4982 ARAPAHOE AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Alicia B. Grant
82 Street Address (P.O. Box Number is Not Acceptable): 3575 Riverside Ave
83
84 City: Jacksonville FL 85 Zip Code: 32205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alicia B. Grant — 4/24/95
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	PT	11 TITLE	Tr ☐ Change ☒ Addition
NAME	BERG, RANDALL C	12 NAME	John H. Rogers
STREET ADDRESS	4982 ARAPAHOE AVE	13 STREET ADDRESS	4545 Ortega Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32210	14 CITY-ST-ZIP	Jacksonville FL 32210-6014
TITLE	VT	21 TITLE	PTr ☒ Change ☐ Addition
NAME	JETER, WILLIAM H JR	22 NAME	
STREET ADDRESS	3030 HARTLEY RD SUITE 200	23 STREET ADDRESS	10110 San Jose Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32257	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	VTr ☐ Change ☒ Addition
NAME	HARTWELL, MS. ROSANNE	32 NAME	Mrs Walter A. McRae Jr
STREET ADDRESS	1846 MARGARET ST.	33 STREET ADDRESS	1560 Lancaster Terrace
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville FL 32204
TITLE	TT	41 TITLE	T Tr ☐ Change ☐ Addition
NAME	GRANT, ALICIA MRS	42 NAME	
STREET ADDRESS	3575 RIVERSIDE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	VTr ☐ Change ☒ Addition
NAME	DAY, SAMUEL M MRS	52 NAME	Ms. Susan Banks
STREET ADDRESS	4444 MCGIRTS BLVD	53 STREET ADDRESS	1754 Edgewood Ave
CITY-ST-ZIP	JACKSONVILLE FL 32210	54 CITY-ST-ZIP	Jacksonville FL 32205
TITLE	T	61 TITLE	STr ☐ Change ☒ Addition
NAME	DOSWELL, J. TEMPLE	62 NAME	Richard G. Skinner Jr
STREET ADDRESS	1887 MONTGOMERY PL	63 STREET ADDRESS	4331 Roosevelt Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32205	64 CITY-ST-ZIP	Jacksonville FL 32210

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alicia B. Grant — 4/24/95 — 904-388-1063
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018490