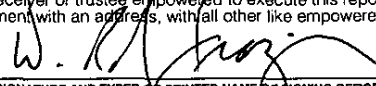


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 019 ****61.25

DOCUMENT # N18157 1. Entity Name MEMORIAL PARK ASSOCIATION, INC.					
Principal Place of Business 1515 RIVERSIDE AVE. STE A JACKSONVILLE, FL 32204 US			Mailing Address C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2765584	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PT FOERSTER, DAVID W 5023 YACHT CLUB ROAD JACKSONVILLE, FL 32210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BURROUGHS, RICHARD B P O BOX 77 JACKSONVILLE, FL 32210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT EVANS, STUART B 1596 LANCASTER TERRACE, #1A JACKSONVILLE, FL 32204	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLISS, MARGO 4736 EXETER LANE JACKSONVILLE, FL 32205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR FRAZIER, W. ROBINSON 3420 PINE STREET JACKSONVILLE, FL 32205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. 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 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: 			1-12-04 904-353-5616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robinson Frazier, Treasurer					