2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N18157

1. Entity Name
MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1515 RIVERSIDE AVE. STE A JACKSONVILLE, FL 32204 US	C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 US

01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2765584
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON
1515 RIVERSIDE AVE STE A
JACKSONVILLE, FL 32204

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FOERSTER, DAVID W
STREET ADDRESS	5023 YACHT CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VPT
NAME	BURROUGHS, RICHARD B
STREET ADDRESS	P O BOX 77
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	ST
NAME	BLISS, MARGO
STREET ADDRESS	4736 EXETER LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TTR
NAME	FRAZIER, W. ROBINSON
STREET ADDRESS	3420 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/05-80055-001 61.25

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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: W. Robinson Frazier 1-17-05 904-353-5616
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #