2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N18157

Entity Name: MEMORIAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

1515 RIVERSIDE AVE.
STE A
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

C/O W ROBINSON FRAZIER
1515 RIVERSIDE AVE STE A
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-2765584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HAMPTON, WADE L
Address: 2909 IROQUOIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPT ( ) Delete
Name: BURROUGHS, RICHARD B
Address: P O BOX 77
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST ( ) Delete
Name: BLISS, MARGO
Address: 4736 EXETER LANE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TTR ( ) Delete
Name: FRAZIER, W. ROBINSON
Address: 3420 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ROBINSON FRAZIER TTR 01/09/2009
Electronic Signature of Signing Officer or Director Date