

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18157

**Entity Name:** MEMORIAL PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 RIVERSIDE AVE.  
STE A  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

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

**FEI Number:** 59-2765584

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PT  
Name INGRAM, JOHN H JR  
Address 3557 PINE STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title ST  
Name BLISS, MARGO  
Address 4736 EXETER LANE  
City-State-Zip: JACKSONVILLE FL 32205

Title TTR  
Name FRAZIER, W. ROBINSON  
Address 3420 PINE STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title VPT  
Name GRANDIN, SUSAN  
Address 2317 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

*I hereby 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 all other like empowered.*

**SIGNATURE:** W. ROBINSON FRAZIER

TTR

01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date