FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N18157** **(0)**

1. Corporation Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALICIA B GRANT 3575 RIBERSIDE AVENUE JACKSONVILLE FL 32210 US	C/O RANDALL C. BERG 4982 ARAPAHOE AVE JACKSONVILLE FL 32205 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 c/o Alicia B. Grant	12/09/1986	05/01/1995
Suite, Apt. #, etc. 22 3575 Riverside Ave	Suite, Apt. #, etc. 27 3575 Riverside Ave	4. FEI Number 59-2765584	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 32205 / Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT, ALICIA B 3575 RIVERSIDE AVENUE JACKSONVILLE FL 3220	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0303, Florida Statutes.

SIGNATURE Alicia B Grant Treasurer 4/30/96
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	~~IR~~	☐ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	ROGERS, JOHN H		1.2 NAME		
STREET ADDRESS	4545 ORTEGA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	~~PTR~~	☐ DELETE	2.1 TITLE	P/T	☒ Change ☐ Addition
NAME	JETER, WILLIAM H JR		2.2 NAME		
STREET ADDRESS	10110 SAN JOSE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~IR~~	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	BANCKS, SUSAN		3.2 NAME		
STREET ADDRESS	1754 LANCASTER TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, ALICIA MRS		4.2 NAME		
STREET ADDRESS	3575 RIVERSIDE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAY, SAMUEL M MRS		5.2 NAME		
STREET ADDRESS	4444 MCGIRTS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	DOSWELL, J. TEMPLE		6.2 NAME	Randall C. Berg	
STREET ADDRESS	1887 MONTGOMERY PL		6.3 STREET ADDRESS	4982 Arapahoe Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32205		6.4 CITY-ST-ZIP	Jacksonville FL 32205	

CR2E037 (12/95)

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)(k), 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 Treasurer 4/30/96 904 388-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #