

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18157

Entity Name: MEMORIAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

1650 MARGARET ST. - 302 #322
JACKSONVILLE, FL 32204

Current Mailing Address:

AGNES E. DANCIGNER
C/O MEMORIAL PARK ASSOCIATION 1650 MARGARET ST. SUITE 302 #322
JACKSONVILLE, FL 32204 US

FEI Number: 59-2765584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATTON, ROBIN H
C/O MEMORIAL PARK ASSOCIATION
1650 MARGARET ST. - 302 #322
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: ROBIN H. PATTON

01/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DANCIGER, AGNES E.
Address 1867 GREENWOOD AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title VP
Name ARNOLD , BARBARA H.
Address 4745 ORTEGA BLVD.
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name COCHRAN, MATTHEW C.
Address 1426 INGLESIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title VP
Name HOULIHAN, PATRICIA M.
Address 1880 SHADOWLAWN ST.
City-State-Zip: JACKSONVILLE FL 32205

Title SECRETARY
Name PATTON, ROBIN H.
Address 2936 RIVERSIDE AVE. #1
City-State-Zip: JACKSONVILLE FL 32205

Title EXECUTIVE VICE PRESIDENT
Name MCCOMBS, KAREN
Address 1030 HOLLY LANE
City-State-Zip: JACKSONVILLE FL 32207

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: ROBIN H. PATTON

SECRETARY

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date