

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18157

Entity Name: MEMORIAL PARK ASSOCIATION, INC.

FILED
Apr 30, 2019
Secretary of State
1760976382CC

Current Principal Place of Business:

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

Current Mailing Address:

TIMOTHY A. BURLEIGH, PRESIDENT
C/O MEMORIAL PARK ASSOCIATION 1650 MARGARET ST. SUITE 302 #322
JACKSONVILLE, FL 32204 US

FEI Number: 59-2765584

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JARVIS, LAURIE N.
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: LAURIE N. JARVIS

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LUTHIN, MICHELE
Address 3030 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER
Name COCHRAN, MATTHEW C.
Address 4655 ORTEGA FARMS CIRCLE
City-State-Zip: JACKSONVILLE FL 32210

Title PRESIDENT
Name BURLEIGH, TIMOTHY A
Address 505 LANCASTER STREET
#7C
City-State-Zip: JACKSONVILLE FL 32204

Title EXECUTIVE VICE PRESIDENT
Name JARRETT, MARY W.
Address 1633 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32204

Title VP
Name BLACKSTONE, MICHAEL M.
Address 2358 RIVERSIDE AVENUE
#106
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY
Name JARVIS, LAURIE N.
Address 412 EAST 5TH STREET
City-State-Zip: JACKSONVILLE FL 32206

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: LAURIE N. JARVIS

SECRETARY

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date