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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

3575 RIVERSIDE AVENUE
~~3575 RIVERSIDE AVENUE~~
JACKSONVILLE FL 32210
US

Delete

C/O ALICIA B. GRANT
3575 RIVERSIDE AVENUE
JACKSONVILLE FL 32205-8448
US

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

33205

25

29

30

4. FEI Number
59-2765584

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROGERS, JOHN H
4545 ORTEGA BLVD
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PT
JETER, WILLIAM H JR
10110 SAN JOSE BLVD
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
BANCKS, SUSAN
1754 LANCASTER TERRACE
JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TT
GRANT, ALICIA MRS
3575 RIVERSIDE AVE
JACKSONVILLE FL 32205

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
DAY, SAMUEL M MRS
4444 MCGIRT'S BLVD
JACKSONVILLE FL 32210

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
RANDALL C. BERG
4982 ARAPHOE AVE
JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Alicia B Grant

CR2E037 (9/96)