SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # N18157 (0)

1. Corporation Name
MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205 US	C/O ALICIA B. GRANT 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205 US

3. Date Incorporated or Qualified: 12/09/1986

4. FEI Number: 59-2765584 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANT, ALICIA B
3575 RIVERSIDE AVENUE
JACKSONVILLE FL ~~3220~~ 32205

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROGERS, JOHN H 4545 ORTEGA BLVD JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 32210	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT JETER, WILLIAM H JR 10110 SAN JOSE BLVD JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Tr ☒ Change ☐ Addition 32257	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BANCKS, SUSAN 1754 LANCASTER TERRACE JACKSONVILLE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Tr Taylor, Stewart 1851 Mallory Street Jacksonville, FL 32205 ☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT GRANT, ALICIA MRS 3575 RIVERSIDE AVE JACKSONVILLE FL 32205	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PTr ☒ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAY, SAMUEL M MRS 4444 MCGIRTS BLVD JACKSONVILLE FL 32210	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	STr Ferguson, Hon. Emmet F. III Duval County Courthouse Jacksonville FL 32202 ☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RANDALL C. BERG 4982 ARAPHOE AVE JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 32210	

CR2E037 (5/98)

14. I 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.

SIGNATURE: Alicia B Grant Alicia B Grant, President 8/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone (904) 388-4623