## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03196

Apr 25, 2007 Secretary of State

Entity Name: THE WHITEHALL OF ST. JOHNS COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** MARPAM INC 245 13TH AVE N JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** PO BOX 330168 ATLANTIC BEACH, FL 32233 FEI Number: 59-3010091 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELDER, MARTHA C 245 13TH AVE N JACKSONVILLE BEACH, FL 32250 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HAILEY, LARRY, Name: Name: 1819 PEACHTREE RD STE 550 Address: Address: City-St-Zip: ATLANTA, GA 30309 City-St-Zip: Title: PD () Delete Title: (X) Change ( ) Addition Name: BOWEN, HAROLD Name: BOWEN, HAROLD Address: 3290 NORTHSIDE PKWY STE 880 Address: 3290 NORTHSIDE PKWY STE 880 City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ATLANTA, GA 30327 ( ) Delete Title: Title: PD (X) Change ( ) Addition HAYES, JO HAYES, CHARLES Name: Name: 4754 LONG BOW RD 4754 LONG BOW RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 ( ) Delete Title: DT Title: (X) Change ( ) Addition MARGESON, JACK MARGESON, JACK Name: Name: 415 E PACES FERRY RD SUITE 300 415 E PACES FERRY RD SUITE 300 Address: Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: ATLANTA, GA 30305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES HAYES PD 04/25/2007