2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03196

Entity Name: THE WHITEHALL OF ST. JOHNS COUNTY, INC.

Current Principal Place of Business:

MARPAM INC
245 13TH AVE N
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

MARPAM INC
2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

PO BOX 330168
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3010091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDER, MARTHA C
245 13TH AVE N
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

ELDER, MARTHA C
2201 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082 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: 04/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAILEY, LARRY
Address: 1819 PEACHTREE RD STE 550
City-St-Zip: ATLANTA, GA 30309

Title: DT ( ) Delete
Name: BOWEN, HAROLD
Address: 3290 NORTHSIDE PKWY STE 880
City-St-Zip: ATLANTA, GA 30327

Title: PD ( ) Delete
Name: HAYES, CHARLES
Address: 4754 LONG BOW RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: MOORMAN, KEN
Address: 1240 REGENCY ROAD
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRINSON, VERNON
Address: 681 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: MOORMAN, KEN
Address: 1240 REGENCY ROAD
City-St-Zip: ATLANTA, GA 30327

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: DOCTOR CHARLES HAYES PD 04/08/2009
Electronic Signature of Signing Officer or Director — Date