

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003262

FILED
Apr 18, 2011
Secretary of State

Entity Name: MLOP ASSOCIATION, INC.

Current Principal Place of Business:

4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE, FL 322240680

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE, FL 322240680

New Mailing Address:

FEI Number: 59-3515206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAREN, MICHAEL E
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: BRAREN, MICHAEL E
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322240680

Title: DVT
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322240680

Title: DS
Name: WALKER, BARBARA S
Address: 4315 PABLO OAKS COURT, STE. 1
City-St-Zip: JACKSONVILLE, FL 322240680

Title: AS
Name: VANZANT, CHRIS
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 322240680 US

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: SHARON W FREDENHAGEN

V

04/18/2011

Electronic Signature of Signing Officer or Director

Date