

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 190778

Entity Name: JACKSONVILLE MEMORY GARDENS, INC.**Current Principal Place of Business:**111 BLANDING BLVD
ORANGE PARK, FL 32073**Current Mailing Address:**111 BLANDING BLVD
ORANGE PARK, FL 32073**FEI Number:** 59-0779110**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHIPLEY, JOHN F
111 BLANDING BLVD.
ORANGE PARK, FL 32073 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**Officer/Director Detail :**

Title	D
Name	SHIPLEY, GLORIA
Address	111 BLANDING BLVD
City-State-Zip:	ORANGE PARK FL 32073

Title	S
Name	SHIPLEY, RALPH RJR
Address	111 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

Title	P
Name	SHIPLEY, JOHN F
Address	111 BLANDING BLVD
City-State-Zip:	ORANGE PARK FL 32073

Title	V
Name	PALMER, VICTORIA S
Address	111 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL 32073

Title	V
Name	KREPS, TERESA A
Address	111 BLANDING BLVD.
City-State-Zip:	ORANGE PARK FL

Title	T
Name	GALLUP, ANNETTE M
Address	111 BLANDING BLVD
City-State-Zip:	ORANGE PARK FL

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RALPH R SHIPLEY JR.**SECRETARY****02/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date