

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 735075 (4)

1. Corporation Name

ORANGE PARK NORTH MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

1910 WELLS ROAD  
ORANGE PARK FL 32073

Mailing Address

1910 WELLS ROAD  
ORANGE PARK FL 32073

3. Date Incorporated or Qualified  
03/01/1976

3a. Date of Last Report  
08/23/1995

4. FEI Number  
59-1654156

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENTS, GINNY GORDON  
1910 WELLS RD.  
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C  
NAME ARNOLD, CARY A  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE VC  
NAME D'AMBROSIO, SHARON  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE ST  
NAME PIERCE, MICHELLE  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

TITLE D  
NAME VRDENBERG, MARY LOU  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE D  
NAME WILSON, CECIL  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE D  
NAME CLEMENTS, GINNY GORDON  
STREET ADDRESS 1910 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ginny Gordon Clements*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000006

CR2E037 (3/96)