2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746415

FILED Apr 20, 2009 Secretary of State

Entity Name: MONCRIEF IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5713 TEELER AVENUE 5710 CASTELLANO AVENUE JACKSONVILLE, FL 32208 LIS JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 7435 FERNANDINA AVENUE JACKSONVILLE, FL 32208 FEI Number: 59-2160775 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: WARD, YVONNE 7435 FÉRNANDINA AVENUE JACKSONVILLE, FL 32208 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: () Delete () Change () Addition WARD, YVONNE Name: Name: 7435 FERNANDINA AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition SIMS, JOHN Name: CAMPBELL, MATTIE Name: Address: 1433 IDA AVENUE Address: 5918 SCOTT STREET City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change () Addition MC INTOSH, CARLOTTA Name: Name: Address: 7051 ALAN AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: ASD () Delete Title: () Change () Addition Name: WILSON, ANNIE Name: 7097 ALAN AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition BARNEY, JOAN Name: Name: BARNEY, JOAN 1985 ROWE AVENUE 1985 ROWE AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: (X) Change () Addition BROWN, SUZANNE ELOUIS, RANDAL Name: Name: Address: 7310 FERNANDINA AVENUE Address: 7215 FERNANDINA AVENUE JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 City-St-Zip: City-St-Zip:

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: YVONNE WARD PRES 04/20/2009