

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90004 039 ****61.25

DOCUMENT # 770655

1. Entity Name
ELIZABETH EDGAR HALL CORPORATION



Principal Place of Business
MARION TISCHLER
2119 MERCER CIRCLE S
JACKSONVILLE, FL 32217 US

Mailing Address
MARION TISCHLER
2119 MERCER CIRCLE S
JACKSONVILLE, FL 32217 US

2. Principal Place of Business

4026 E. WINDSOR PARK DR

Suite, Apt. #, etc.

3. Mailing Address

4026 E. WINDSOR PARK DR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32224

Country

DUVAL

Zip

32224

Country

DUVAL

03182006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2396975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TISCHLER, MARON E
2119 MERCER CIRCLE S
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name
LADONNA K. MORRIS

Street Address (P.O. Box Number is Not Acceptable)

4026 E. WINDSOR PARK DR.

City

JACKSONVILLE

FL

Zip Code

32224

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ladonna K. Morris, **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **LAPONNA, MORRIS**
STREET ADDRESS **4026 E WINDSOR PARK**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **SD** ☐ Delete
NAME **POPPELL, JUDITH**
STREET ADDRESS **1700 PARK TERRACE E**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **PD** ☒ Delete
NAME **TISCHLER, MARION**
STREET ADDRESS **2119 MERCER CIRCLE S**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **TD** ☐ Delete
NAME **LICHTER, SUZANNE**
STREET ADDRESS **2256 JOSE CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LADONNA MORRIS**
STREET ADDRESS **4026 E. WINDSOR PARK DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ladonna K. Morris, **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/06 904-633-836

Daytime Phone #