


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 026 \*\*\*\*61.25

<b>DOCUMENT # 770655</b>	
1. Entity Name <b>ELIZABETH EDGAR HALL CORPORATION</b>	

Principal Place of Business <b>MARION TISCHLER LADONNA MORRIS</b> <b>4026 E WINDSOR PARK DR</b> <b>JACKSONVILLE, FL 32224 US</b>	Mailing Address <b>MARION TISCHLER LADONNA MORRIS</b> <b>4026 E WINDSOR PARK DR</b> <b>JACKSONVILLE, FL 32224 US</b>
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03292007 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>59-2396975</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MORRIS, LADONNA K</b> <b>4026 E WINDSOR PARK DR</b> <b>JACKSONVILLE, FL 32224</b>
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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 <i>Ladonna Morris</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>PRESIDENT</b> <b>4/16/07</b> <small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, LADONNA K 4026 E WINDSOR PARK JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POPPELL, JUDITH 1700 PARK TERRACE E ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LICHTER, SUZANNE 2256 JOSE CIRCLE SOUTH JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUDY WALZ 928 E. PLEASANT PL. JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Ladonna Morris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/16/07</b> <small>Date</small> <b>904-633-8363</b> <small>Daytime Phone #</small>