
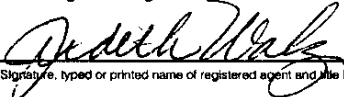
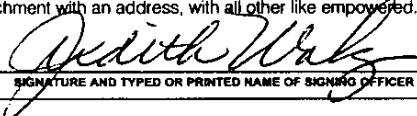


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90029 042 \*\*\*\*61.25

<b>DOCUMENT # 770655</b> 1. Entity Name <b>ELIZABETH EDGAR HALL CORPORATION</b>					
Principal Place of Business <b>LADONNA MORRIS</b> <b>4026 E WINDSOR PARK DR</b> <b>JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>LADONNA MORRIS</b> <b>4026 E WINDSOR PARK DR</b> <b>JACKSONVILLE, FL 32224 US</b>		
2. Principal Place of Business - No P.O. Box # <b>JUDITH WALZ</b>		3. Mailing Address <b>928 E. PLEASANT PLACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FLORIDA</b>		City & State <b>JACKSONVILLE, FLORIDA</b>		4. FEI Number <b>59-2396975</b>	
Zip <b>32259</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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>		7. Name and Address of New Registered Agent Name <b>JUDITH WALZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>928 E. PLEASANT PLACE</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32259</b>			
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 		DATE <b>3/10/08</b>			
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MORRIS, LADONNA K</b> <b>4026 E WINDSOR PARK</b> <b>JACKSONVILLE, FL 32224</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JUDITH WALZ</b> <b>928 E. PLEASANT PLACE</b> <b>JACKSONVILLE, FLORIDA 32259</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>POPELLE, JUDITH</b> <b>1700 PARK TERRACE E</b> <b>ATLANTIC BEACH, FL 32233</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ANNETTE CURTIS-Williams</b> <b>3076 SANTEE PLACE</b> <b>JACKSONVILLE, FLORIDA 32259</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>LICHTER, SUZANNE</b> <b>2256 JOSE CIRCLE SOUTH</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WALZ, JUDY</b> <b>928 E. PLEASANT PL</b> <b>JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>JUDITH Poppell</b> <b>1700 PARK TERRACE EAST</b> <b>ATLANTIC BEACH, FLORIDA 32233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE <b>3/10/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>(904) 908-2699</b>		

50000326



02132008 Chg-NP CR2E037 (12/06)