2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770655

City-St-Zip:

ATLANTIC BEACH, FL 32233

FILED Mar 07, 2009 Secretary of State

Entity Name: ELIZABETH EDGAR HALL CORPORATION **Current Principal Place of Business: New Principal Place of Business:** C/O BRIDGET ANDERSON, ADMINISTRATOR 5101 ORTEGA BOULEVARD JACKSONVILLE, FL 32210 **New Mailing Address: Current Mailing Address:** JUDITH WALZ LADONNA MORRIS 928 E PLEASANT PLACE 928 E PLEASANT PLACE JACKSONVILLE, FL 32259 US JACKSONVILLE, FL 32259 US FEI Number: 59-2396975 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: KNAUER, DEBORAH A 1000 RIVÉRSIDE AVE. SUITE 115 JACKSONVILLE, FL 32204 US 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: () Change () Addition () Delete WALZ, JUDITH Name: Name: 928 E PLEASANT PLACE Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CURTIS-WILLIAMS, ANNETTE Name: Address: 3076 SANTEE PLACE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: () Delete Title: () Change () Addition LICHTER, SUZANNE Name: Name: 2256 JOSE CIRCLE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: VD () Delete Title: () Change () Addition POPPELL, JUDITH Name: Name: Address: 1700 PARK TERR E Address:

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.

City-St-Zip:

SIGNATURE: SUZANNE LICHTER TD 03/07/2009