

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 18, 2008
Secretary of State

DOCUMENT# N03000010386

Entity Name: TMA PROPERTIES INC.

Current Principal Place of Business:7200 MIMOSA GROVE TRAILS W.
JACKSONVILLE, FL 32210**New Principal Place of Business:****Current Mailing Address:**7200 MIMOSA GROVE TRAILS WEST
JACKSONVILLE, FL 32210**New Mailing Address:**

FEI Number: 56-2418639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:TOLLIVER, ROSE D
7200 MIMOSA GROVE TRAILS WEST
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**

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:Title: PD () Delete
Name: MYERS, FREDDIE L
Address: 2444 SPIREA
City-St-Zip: JAX., FL 32208Title: VD () Delete
Name: TOLLIVER, ROSE
Address: 7200 MIMOSA GR TRAILS WEST
City-St-Zip: JACKSONVILLE, FL 32210Title: VD () Delete
Name: CROMARTIS, IV, JAMES
Address: 7200 MIMOSA GR TRAILS WAY
City-St-Zip: JACKSONVILLE, FL 32210Title: VP () Delete
Name: TOLLIVER, JOSHUA R
Address: 7200 MIMOSA GROVE TRAILS W.
City-St-Zip: JACKSONVILLE, FL 32210Title: VD () Delete
Name: TOLLIVER, KIER D
Address: 7200 MIMOSA GROVE TRAIL W.
City-St-Zip: JACKSONVILLE, FL 32210Title: VD () Delete
Name: ROBINSON, LEONARD III
Address: 7200 MIMOSA GROVE TRAILS W.
City-St-Zip: JACKSONVILLE, FL 32210**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: CD (X) Change () Addition
Name: MYERS, FREDDIE L
Address: 2444 SPIREA
City-St-Zip: JAX., FL 32208Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PD (X) Change () Addition
Name: TOLLIVER, ROY H
Address: 7200 MIMOSA GROVE TRAIL W.
City-St-Zip: JACKSONVILLE, FL 32210Title: () Change () Addition
Name:
Address:
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: ROSE TOLLIVER

VD

01/18/2008

Electronic Signature of Signing Officer or Director

Date