

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 047 ****61.25

DOCUMENT # N03196

1. Entity Name

THE WHITEHALL OF ST. JOHNS COUNTY, INC.



Principal Place of Business

MARPAM INC
245 13TH AVE N
JACKSONVILLE BEACH FL 32250

Mailing Address

PO BOX 330168
ATLANTIC BEACH FL 32233



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3010091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2EQ37 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDER, MARTHA C
245 13TH AVE N
JACKSONVILLE BEACH FL 32250

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME | D HAILEY, LARRY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1819 PEACHTREE RD STE 550 | |
| CITY- ST- ZIP | ATLANTA GA 30309 | |
| TITLE NAME | DT BOWEN, HAROLD | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3290 NORTHSIDE PKWY STE 880 | |
| CITY- ST- ZIP | ATLANTA GA 30327 | |
| TITLE NAME | PD HAYES, CHARLES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4754 LONG BOW RD | |
| CITY- ST- ZIP | JACKSONVILLE FL 32210 | |
| TITLE NAME | D MARGESON, JACK | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 415 E PACES FERRY RD SUITE 300 | |
| CITY- ST- ZIP | ATLANTA GA 30305 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | D KEN MOORMAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1240 REGENCY ROAD | |
| CITY- ST- ZIP | ATLANTA, GA 30327 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: M Elder, CAM, R.A.

4/1/08

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