

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18157 (0)
1. Corporation Name
MEMORIAL PARK ASSOCIATION, INC.

APPROVED AND FILED

95 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O RANDALL C. BERG
4982 ARAPAHOE AVE
JACKSONVILLE FL 32210

C/O RANDALL C. BERG
4982 ARAPAHOE AVE
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2765584
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: C/o Alicia B. Grant
2a. Mailing Address: C/o Alicia B. Grant
21. Suite, Apt. #, etc.: 3575 Riverside Ave
22. City & State: Jacksonville FL
23. Zip: 32205
24. Country: USA

9. Name and Address of Current Registered Agent
BERG, RANDALL C
4982 ARAPAHOE AVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81. Name: Alicia B. Grant
82. Street Address (P.O. Box Number is Not Acceptable): 3575 Riverside Ave
83. City: Jacksonville FL
84. Zip Code: 32205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alicia B. Grant
Signature, typed or printed name of registered agent or officer if applicable
DATE: 4/24/95
NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	BERG, RANDALL C
STREET ADDRESS	4982 ARAPAHOE AVE
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	VT
NAME	JETER, WILLIAM H JR
STREET ADDRESS	3030 HARTLEY RD SUITE 200
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	ST
NAME	HARTWELL, MS. ROSANNE
STREET ADDRESS	1848 MARGARET ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TT
NAME	GRANT, ALICIA MRS
STREET ADDRESS	3575 RIVERSIDE AVE
CITY - ST - ZIP	JACKSONVILLE FL 32205
TITLE	T
NAME	DAY, SAMUEL M MRS
STREET ADDRESS	4444 MCGIRT'S BLVD
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	T
NAME	DOSWELL, J. TEMPLE
STREET ADDRESS	1887 MONTGOMERY PL
CITY - ST - ZIP	JACKSONVILLE FL 32205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	JR	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12 NAME	John H. Rogers	
13 STREET ADDRESS	4545 Ortega Blvd	
14 CITY - ST - ZIP	Jacksonville FL 32210-6014	
21 TITLE	PT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
22 NAME		
23 STREET ADDRESS	10110 San Jose Blvd	
24 CITY - ST - ZIP		
31 TITLE	VT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
32 NAME	Mrs Walter A. McRAE Jr	
33 STREET ADDRESS	1560 Lancaster Terrace	
34 CITY - ST - ZIP	Jacksonville FL 32204	
41 TITLE	TT	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	VT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
52 NAME	Ms. Susan Banks	
53 STREET ADDRESS	1754 Edgewood Ave	
54 CITY - ST - ZIP	Jacksonville FL 32205	
61 TITLE	ST	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
62 NAME	Richard G. Skinner Jr	
63 STREET ADDRESS	4301 Roosevelt Blvd	
64 CITY - ST - ZIP	Jacksonville FL 32210	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Alicia B. Grant
Signature and typed or printed name of signing officer or director
DATE: 4/24/95
TELEPHONE: 904-388-1063