

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N18157 (0)

1. Corporation Name
MEMORIAL PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ALICIA B. GRANT 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32210 US
C/O RANDALL C. BERG 4982 ARAPAHOE AVE JACKSONVILLE FL 32205 US

3. Date Incorporated or Qualified 12/09/1986 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 2a. Mailing Address 26 C/O Alicia B. Grant
22 3575 Riverside Ave Suite, Apt. #, etc. 27 3575 Riverside Ave
23 City & State 28 Jacksonville FL
24 Zip 25 Country 29 32205 30 US
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent GRANT, ALICIA B 3575 RIVERSIDE AVENUE JACKSONVILLE FL 3220
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0903, Florida Statutes.

SIGNATURE Alicia B Grant Treasurer 4/30/96
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	11 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOHN H	12 NAME	
STREET ADDRESS	4545 ORTEGA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	PTJ <input type="checkbox"/> DELETE	21 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, WILLIAM H JR	22 NAME	
STREET ADDRESS	10110 SAN JOSE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANCKS, SUSAN	32 NAME	
STREET ADDRESS	1754 LANCASTER TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	TT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, ALICIA MRS	4.2 NAME	
STREET ADDRESS	3575 RIVERSIDE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, SAMUEL M MRS	52 NAME	
STREET ADDRESS	4444 MCGIRTS BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	54 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSWELL, J. TEMPLE	62 NAME	Randall C. Berg
STREET ADDRESS	1887 MONTGOMERY PL	63 STREET ADDRESS	4982 Arapahoe Ave
CITY-ST-ZIP	JACKSONVILLE FL 32205	64 CITY-ST-ZIP	JACKSONVILLE FL 32205

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alicia B Grant Treasurer 4/30/96 388-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)