


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205 US
 C/O ALICIA B. GRANT 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205 US

3. Date Incorporated or Qualified
 12/09/1986

4. FEI Number
 59-2765584

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
 GRANT, ALICIA B
 3575 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205 32205

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOHN H	1.2 NAME	
STREET ADDRESS	4545 ORTEGA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32210
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, WILLIAM H JR	2.2 NAME	
STREET ADDRESS	10110 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	32257
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANCKS, SUSAN	3.2 NAME	Taylor Stewart
STREET ADDRESS	1754 LANCASTER TERRACE	3.3 STREET ADDRESS	1851 Mallory Street
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Ptr <input checked="" 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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Str <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, SAMUEL M MRS	5.2 NAME	Perquson Hon. Emmet F. III
STREET ADDRESS	4444 MCGIRTS BLVD	5.3 STREET ADDRESS	Duval County Courthouse
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL C. BERG	6.2 NAME	
STREET ADDRESS	4982 ARAPHOE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32210

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(i), 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 Alicia B Grant, President 8/27/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)