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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90025 049 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18157

1. Corporation Name

MEMORIAL PARK ASSOCIATION, INC.

Principal Place of Business

3575 RIVERSIDE AVENUE
 JACKSONVILLE FL 32205
 US

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2765584	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
30		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRANT, ALICIA B 3575 RIVERSIDE AVENUE JACKSONVILLE FL 32205				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		FL	

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	T	1.1 TITLE	TR
NAME	ROGERS, JOHN H	1.2 NAME	
STREET ADDRESS	4545 ORTEGA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	TR
NAME	JETER, WILLIAM H JR	2.2 NAME	
STREET ADDRESS	10110 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T/TR
NAME	TAYLOR, STEWART	3.2 NAME	
STREET ADDRESS	1851 MALLORY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	PT	4.1 TITLE	P/TR
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	ST	5.1 TITLE	S/TR
NAME	FERGUSON, HON EMMET F III	5.2 NAME	
STREET ADDRESS	DUVAL COUNTY COURTHOUSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	TR
NAME	RANDALL C. BERG	6.2 NAME	
STREET ADDRESS	4982 ARAPHOE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE: [Signature] 5/1/99 (904) 388-1063
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)