
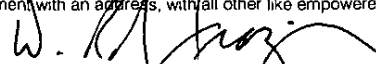


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90025 019 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # N18157 | |  | |
| 1. Entity Name MEMORIAL PARK ASSOCIATION, INC. | | | |
| Principal Place of Business 1515 RIVERSIDE AVE. STE A JACKSONVILLE, FL 32204 US | | Mailing Address C/O W ROBINSON FRAZIER 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE STE A JACKSONVILLE, FL 32204 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOERSTER, DAVID W | NAME | |
| STREET ADDRESS | 5023 YACHT CLUB ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURROUGHS, RICHARD B | NAME | |
| STREET ADDRESS | P O BOX 77 | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | CITY-ST-ZIP | |
| TITLE | VPT <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, STUART B | NAME | |
| STREET ADDRESS | 1596 LANCASTER TERRACE, #1A | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 | CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLISS, MARGO | NAME | |
| STREET ADDRESS | 4736 EXETER LANE | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 | CITY-ST-ZIP | |
| TITLE | TTR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAZIER, W. ROBINSON | NAME | |
| STREET ADDRESS | 3420 PINE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. 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 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:  | | 1-12-04 Date | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Robinson Frazier, Treasurer | | 904-353-5616 Daytime Phone # | |