

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**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**



01112007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2765584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FRAZIER, W. ROBINSON  
 1515 RIVERSIDE AVE STE A  
 JACKSONVILLE, FL 32204**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: PT  
 NAME: HAMPTON, WADE L  
 STREET ADDRESS: 2909 IROQUOIS AVENUE  
 CITY-ST-ZIP: JACKSONVILLE, FL 32210

TITLE: VPT  
 NAME: BURROUGHS, RICHARD B  
 STREET ADDRESS: P O BOX 77  
 CITY-ST-ZIP: JACKSONVILLE, FL 32210

TITLE: ST  
 NAME: BLISS, MARGO  
 STREET ADDRESS: 4736 EXETER LANE  
 CITY-ST-ZIP: JACKSONVILLE, FL 32205

TITLE: TTR  
 NAME: FRAZIER, W. ROBINSON  
 STREET ADDRESS: 3420 PINE STREET  
 CITY-ST-ZIP: JACKSONVILLE, FL 32205

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

U00000586532  
 01/16/07-80057-005 61.25

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: W. Robinson Frazier  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-12-07 904-353-5616

Date Daytime Phone #