

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

DOCUMENT# N18157

Entity Name: MEMORIAL PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 RIVERSIDE AVE.  
STE A  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O W ROBINSON FRAZIER  
1515 RIVERSIDE AVE STE A  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-276584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HAMPTON, WADE L  
Address: 2909 IROQUOIS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPT ( ) Delete  
Name: BURROUGHS, RICHARD B  
Address: P O BOX 77  
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST ( ) Delete  
Name: BLISS, MARGO  
Address: 4736 EXETER LANE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: TTR ( ) Delete  
Name: FRAZIER, W. ROBINSON  
Address: 3420 PINE STREET  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. ROBINSON FRAZIER

Electronic Signature of Signing Officer or Director

TTR

01/09/2009

Date