2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39965

FILED Mar 27, 2012 Secretary of State

Entity Name: ALDERMAN PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O WAVERLY FANT DIRECTOR 1261 ALDERMAN ROAD EAST JACKSONVILLE, FL 32211

C/O MARCELLA A. LOWE, DIRECTOR/TREASURER 1405 CARLOTTA ROAD, WEST

JACKSONVILLE, FL 32211

Current Mailing Address:

New Mailing Address:

ALDERMAN PARK CIVIC ASSN. P.O. BOX 8549 JACKSONVILLE, FL 32239

C/O MARCELLA A. LOWE, DIRECTOR/TREASURER 1405 CARLOTTA ROAD, WEST

JACKSONVILLE, FL 32211

FEI Number: 59-3049313

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, HAROLD 1320 BELLEMEADE BLVD JACKSONVILLE, FL 32211 LOWE, MARCELLA A 1405 CARLOTTA ROAD, WEST

JACKSONVILLE, FL 32211

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: MARCELLA A. LOWE

03/27/2012

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

LYONS, ALFREDIA Name:

Address: 7864 BELLEMEADE BLVD. S City-St-Zip: JACKSONVILLE, FL 32211 US

Title:

Name: LOWE, MARCELLA A

Address: 1405 CARLOTTA ROAD, WEST City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VP/D

WALKER, AL Name:

Address: 976 CARLOTTA ROAD, W. City-St-Zip: JACKSONVILLE, FL 32211 US

Title:

Name: FANT, WAVERLY

1261 ALDERMAN ROAD EAST Address: City-St-Zip: JACKSONVILLE, FL 32211 US

Title:

ROBERTS, RONALD Name: 7724 VALLEYVIEW DR. Address: JACKSONVILLE, FL 32211 US City-St-Zip:

Title:

CULLEN, REBECCA Name: Address: 1303 SUNNYMEADE DR. JACKSONVILLE, FL 32211 US City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: MARCELLA A. LOWE

DT

03/27/2012