

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 006 ****61.25

DOCUMENT # N93000003377

1. Entity Name
OLD ARLINGTON INC.



Principal Place of Business
**1261 ALDERMAN RD. EAST
JACKSONVILLE, FL 32211**

Mailing Address
**POST OFFICE BOX 15304
JACKSONVILLE, FL 32219**

50006473



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3193543

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FANT, WAVERLY
1261 ALDERMAN RD. EAST
JACKSONVILLE, FL 32211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PACE, JOHNSON H JR
STREET ADDRESS 701 HOGAN ST
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☐ Delete

TITLE SD
NAME EVANS, KATHLEEN
STREET ADDRESS 7809 GLEN ECHO RD. N.
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Delete

TITLE TD
NAME FANT, WAVERLEY
STREET ADDRESS 1261 ALDERMAN RD. EAST
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Delete

TITLE PD
NAME BURT, ANN
STREET ADDRESS 7866 GLENECHO RD N
CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME FANT, WAVERLY ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Waverly Fant

WAVERLY FANT, T/D

01-21-05

904-721-3117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #