

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

**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 32239**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3193543**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000775366  
01/08/08-80027-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACE, JOHNSON H JR 701 HOGAN ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EVANS, KATHLEEN 7809 GLEN ECHO RD. N. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FANT, WAVERLY 1261 ALDERMAN RD. EAST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDERS, ROBERT 1219 ROMNEY STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:**

*Waverly Fant* Treasurer: **WAVERLY FANT**

**01-04-08**

Date

Daytime Phone #

904-721-3117