

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003377

FILED
Apr 27, 2012
Secretary of State

Entity Name: OLD ARLINGTON INC.

Current Principal Place of Business:

7866 GLEN ECHO RD N
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15304
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 59-3193543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, LESLIE A
7866 GLEN ECHO RD N
JACKSONVILLE, FL 32211 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: PD
Name: MATCHETTE, STEVE
Address: 1005 RIO ST. JOHNS
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP/D
Name: WALKER, JAMES F JR
Address: 5485 GOLF COURSE DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: TD
Name: BURT, LESLIE A
Address: 7866 GLEN ECHO RD N
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D
Name: THOMAS, GLENN
Address: 3122 PLUMTREE DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D
Name: POWELL, CLEVE
Address: 10833 FT CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: BUMBARGER, DEE
Address: 2635 BLUEBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32211

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: LESLIE A. BURT

D/T

04/27/2012

Electronic Signature of Signing Officer or Director

Date