2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005376

FILED Apr 11, 2009 Secretary of State

Entity Name: MURRAY HILL PRESERVATION ASSOCIATION OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1134 MURRAY DRIVE 4661 KERLE STREET

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32205 US

Current Mailing Address: New Mailing Address:

1134 MURRAY DRIVE PO BOX 37123

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32236 US

FEI Number: 59-3238292 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:

DUCKETT, KRISS ALLMAND, JOHN 1134 MURRAY DRIVE 4661 KERLE STREET

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32205 US

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: JOHN ALLMAND 04/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP () Delete Title: VP (X) Change () Addition

 Name:
 MILLER, JOEL
 Name:
 SUSANNAH, CARTER

 Address:
 4300 POST STREET
 Address:
 4626 ROYAL AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32205

Title: VP () Delete Title: SEC (X) Change () Addition Name: FADER, MITZI Name: STOUT, ROSEMARY

Address: 4044 MYRA STREET Address: 4643 LAWNVIEW STREET
City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: TREA () Delete Title: VP (X) Change () Addition

 Name:
 CARTER, ZEE
 Name:
 DUCKETT, KRISS

 Address:
 4626 ROYAL AVE
 Address:
 1134 MURRAY DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:
 JACKSONVILLE, FL 32205

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: JOHN ALLMAND PRES 04/11/2009