

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005520 (0)

1. Corporation Name

MEMORY LANE, INC.



Principal Place of Business

5611 BELAFONTE DR
JACKSONVILLE FL 32209

Mailing Address

5611 BELAFONTE DR
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
11-28-95

4. FEI Number

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10825 Key Haven Blvd

26 Suite, Apt. #, etc.

22 #501

27 City & State

23 Jacksonville, FL

24 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, GLORIA
5611 BELAFONTE DR
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Gloria Taylor

STREET ADDRESS 5611 Belafonte DR.

CITY-ST-ZIP Jacksonville, FL 32209

TITLE ☐ DELETE

NAME Assistance Director

STREET ADDRESS Cassandra Boles

CITY-ST-ZIP 10825 Key Haven Blvd #501

Jacksonville, FL 32218

TITLE ☐ DELETE

NAME Board member

STREET ADDRESS Stanley Twigg

CITY-ST-ZIP 7240 Kern Turn Rd.

Jacksonville, FL 32209

TITLE ☐ DELETE

NAME Board member

STREET ADDRESS Lewis Robertson

CITY-ST-ZIP 461 Summer St.

Jacksonville, FL 32254

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Director

Shi F. Bonner

4250 Phillips Hwy

Jacksonville, FL 32207 #93

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED Shi F. Bonner

Date

Daytime Phone #

0001840

CR2E037 (3/96)