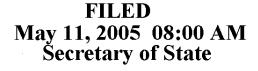
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000103 1. Entity Name GLEN JULIA PARK ASSOCIATION, INC.

Mailing Address

Principal Place of Business 2451 GLEN JULIA ROAD QUINCY, FL 32351

490 HOWELL ROAD **QUINCY, FL 32352**





05102005 No Chg-NP

CR2E037 (10/03)

 FEI Number 59-3355034 	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, RICHARD S 1253 W.L. MARTIN ROAD CHATTAHOOCHEE, FL 32324

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	 .	
D	Filing Fee is \$51.25 Due by September 7, 2005 9. Election Campaign Financia Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	7			77 T. 450 (\$1,50 (\$1.50 (\$1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, MARY JANE 1253 W.L. MARTIN ROAD CHATTAHOOCHEE, FL 32324	_					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRAMORE, HOUSTON A 11133 BLUE STAR HWY MT. PLEASANT, FL 32352						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALLIS, CAROLINE 3633 MT PLE <u>ASANT R</u> OAD QUINCY, FL 32351				NOT WRITE	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWELL, NORA 490 HOWELL ROAD QUINCY, FL 32352			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIFER, ED 11343 BLUE STAR HWY QUINCY, FL 32351	·	500			+ <u>, € , , , ,</u> , + + + +	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLIS, WAYNE 3633 MT_PLEASANT ROAD QUINCY, FL 32351				-	<i>:</i>	
indicated of the cor	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	and accurate and that my signati d to execute this report as requir	nption state ure shall haved by Chap	d in Section 119.07(3) ve the same legal effe iter 617, Florida Statute	(i), Florida Statutes. I further certify that the ct as if made under oath; that I am an offi es; and that my name appears in Block 1	te information oer or director 0 or Block 11 if	