


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 2451 GLEN JULIA ROAD QUINCY, FL 32351	Mailing Address 490 HOWELL ROAD QUINCY, FL 32352
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DO NOT WRITE IN THIS SPACE



05102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3355034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

05/11/05-20030-005 61.25

10. OFFICERS AND DIRECTORS

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 PLEASANT ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWELL, NORA 490 HOWELL ROAD QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIFER, ED 11343 BLUE STAR HWY QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLIS, WAYNE 3633 MT PLEASANT ROAD QUINCY, FL 32351

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nora Howell **NORA HOWELL** 5/10/05 850-663-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #