

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000103

FILED
Apr 30, 2008
Secretary of State

Entity Name: GLEN JULIA PARK ASSOCIATION, INC.

Current Principal Place of Business:

2451 GLEN JULIA ROAD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

490 HOWELL ROAD
QUINCY, FL 32352

New Mailing Address:

FEI Number: 59-3355034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, RICHARD S
1253 W.L. MARTIN ROAD
CHATTAHOOCHEE, FL 32324 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 () Delete
Name: HAYES, MARY JANE
Address: 1253 W.L. MARTIN ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: VD () Delete
Name: PARRAMORE, HOUSTON A
Address: 11133 BLUE STAR HWY
City-St-Zip: MT. PLEASANT, FL 32352

Title: SD () Delete
Name: FALLIS, CAROLINE
Address: 3633 MT PLEASANT ROAD
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: BEAUCHAMP, NORA H
Address: 490 HOWELL ROAD
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: CULLIFER, ED
Address: 11343 BLUE STAR HWY
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: FALLIS, WAYNE
Address: 3633 MT PLEASANT ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORA BEAUCHAMP

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date