# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2009**
**Secretary of State**

DOCUMENT# N98000005614

**Entity Name:** OPPORTUNITY PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number: 59-3587494** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAX CO.
50 N. LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 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: MCARTHUR, WILLIAM A
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: V ( ) Delete
Name: HENDRIX, CHARLES N
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition
Name: HERLONG, NANCY
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D ( ) Change (X) Addition
Name: WADE, N. G. IV
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D ( ) Change (X) Addition
Name: EDWARDS, J. ANDREWS III
Address: 569 EDGEWOOD AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205 US

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: WILLIAM A. MCARTHUR PRES 03/04/2009

Electronic Signature of Signing Officer or Director — Date