

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003377

Entity Name: OLD ARLINGTON INC.**Current Principal Place of Business:**6317 ARLINGTON ROAD
JACKSONVILLE, FL 32211**Current Mailing Address:**6317 ARLINGTON ROAD
JACKSONVILLE, FL 32211 US**FEI Number:** 59-3193543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATCHETT, STEPHEN W
1005 RIO ST. JOHNS DRIVE
JACKSONVILLE, FL 32211 US*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:** STEPHEN MATCHETT

04/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	MATCHETT, STEVE
Address	1005 RIO ST. JOHNS
City-State-Zip:	JACKSONVILLE FL 32211

Title	PRESIDENT
Name	WALKER, JAMES FJR
Address	5485 GOLF COURSE DR.
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	BUMBARGER, DEE
Address	2635 BLUEBERRY LANE
City-State-Zip:	JACKSONVILLE FL 32211

Title	SECRETARY
Name	EVANS, KATHLEEN
Address	7809 GLEN ECHO RD. N.
City-State-Zip:	JACKSONVILLE FL 32211

Title	DIRECTOR
Name	GEORGE, MACEO
Address	5557 PAULBETT DR.
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	SHACTER, MELODY
Address	426 ORANGE BLUFF AVE
City-State-Zip:	JACKSONVILLE FL 32211

Title	DIRECTOR
Name	BOWLES, KATHY
Address	3953 BESS ROAD
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	KERNS, LEILANI
Address	5506 WINDERMERE DR.
City-State-Zip:	JACKSONVILLE FL 32211

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CREWS

TREASURER

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	CREWS, ROBERT
Address	1431 STARWAN ROAD
City-State-Zip:	JACKSONVILLE FL 32211