2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2016
Secretary of State
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Entity Name: OLD ARLINGTON INC.

Current Principal Place of Business:

6317 ARLINGTON ROAD
JACKSONVILLE, FL 32211

Current Mailing Address:

POST OFFICE BOX 15304
JACKSONVILLE, FL 32239

FEI Number: 59-3193543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURT, LESLIE A
7866 GLEN ECHO RD N
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	TD
Name	BURT, LESLIE A
Address	7866 GLEN ECHO RD N
City-State-Zip:	JACKSONVILLE FL 32211

Title	D
Name	POWELL, CLEVE
Address	10833 FT CAROLINE RD
City-State-Zip:	JACKSONVILLE FL 32225

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

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

Title	D
Name	MCDONALD, JEFF
Address	5452 CRESTA WAY #1
City-State-Zip:	JACKSONVILLE FL 32211

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

Title	DIRECTOR
Name	MCDONALD, MARY
Address	5452 CRESTA WAY #1
City-State-Zip:	JACKSONVILLE FL 32211

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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: LESLIE ANN BURT TREASURER/DIRECTOR 03/07/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DASARO, MARSHA
Address	2018 SUNRISE DR.
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	MIONE, PETER
Address	927 TOWNSEND BLVD.
City-State-Zip:	JACKSONVILLE FL 32211

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

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

Title	DIRECTOR
Name	ESTRADA, JODIE
Address	3983 KADEN DR. E
City-State-Zip:	JACKSONVILLE FL 32277

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

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