

2017 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:**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. JOHN
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 BUMBARGER, DEE
Address 2635 BLUEBERRY LANE
City-State-Zip: JACKSONVILLE FL 32211

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

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

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 MIONE, PETER
Address 927 TOWNSEND BLVD.
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**DIRECTOR****03/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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