

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 213283

**Entity Name:** OSCEOLA MEMORY GARDENS, INC.

**Current Principal Place of Business:**

1717 OLD BOGGY CREEK RD  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1717 OLD BOGGY CREEK RD  
KISSIMMEE, FL 34744 US

**FEI Number: 59-0837763**

**Certificate of Status Desired: No**

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

ROBERTS, TERRY L S  
2665 HILLIARD CT.  
KISSIMMEE,, FL 34744 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 P  
Name RUSSELL, ROBERT D.  
Address 1717 OLD BOGGY CREEK RD.  
City-State-Zip: KISSIMMEE FL 34744

Title S  
Name ROBERTS, TERRY LEE  
Address 2665 HILLIARD CT  
City-State-Zip: KISSIMMEE FL

Title D  
Name DEPPEN, RANDY  
Address 15516 92ND COURT, NORTH  
City-State-Zip: WEST PALM BEACH FL 33412

Title VP  
Name RUSSELL, MICHAEL K  
Address 1717 OLD BOGGY CREEK RD  
City-State-Zip: KISSIMMEE FL 34744

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRY LEE ROBERTS**

**SECRETARY**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date