


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 702081</b> 1. Entity Name CONWAY CEMETERY FOUNDATION INC	
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Principal Place of Business  
3401 S. CONWAY ROAD  
ORLANDO, FL 32812-7601

Mailing Address  
3401 S. CONWAY ROAD  
ORLANDO, FL 32812-7601



05242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0965751	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUDSON, WAYNE  
3556 COUNTRY LAKES DR  
ORLANDO, FL 32812

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U000000170128

03/16/04-80002-017 51.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUDSON, WAYNE 3556 COUNTRY LAKES DR ORLANDO, FL 32812
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GIVENS, RANDY 3725 GATLAN WOODS DR ORLANDO, FL 32812
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARRISH, MARGARET 3681 CONWAY GARDENS RD ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VOELPEL, JOHN III 3201 BURCHFIELD AVE ORLANDO, FL 328126804
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #