


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 702081 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
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DO NOT WRITE IN THIS SPACE



03112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0965751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUDSON, WAYNE 3556 COUNTRY LAKES DR ORLANDO, FL 32812

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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 May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000490693 14/18/06-80067-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, WAYNE 3556 COUNTRY LAKES DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIVENS, RANDY 3725 GATLAN WOODS DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, MARGARET 3681 CONWAY GARDENS RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOELPEL, JOHN III 3201 BURCHFIELD AVE ORLANDO, FL 328126804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **3/29/2006 407 855-6387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #