

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 009 ****61.25

40068442



DOCUMENT # 702081 1. Entity Name CONWAY CEMETERY FOUNDATION INC					
Principal Place of Business 3401 S. CONWAY ROAD ORLANDO, FL 32812-7601			Mailing Address 3401 S. CONWAY ROAD ORLANDO, FL 32812-7601		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0965751	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUDSON, WAYNE 3556 COUNTRY LAKES DR ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD Givens, Randy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, WAYNE		NAME	3725 Gatlins Woods Dr.	
STREET ADDRESS	3556 COUNTRY LAKES DR		STREET ADDRESS	Orlando, FL 32812	
CITY - ST - ZIP	ORLANDO, FL 32812		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD Hudson, Wayne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, RANDY		NAME	3556 Country Lakes Dr.	
STREET ADDRESS	3725 GATLAN WOODS DR		STREET ADDRESS	Orlando, FL 32812	
CITY - ST - ZIP	ORLANDO, FL 32812		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, MARGARET		NAME		
STREET ADDRESS	3681 CONWAY GARDENS RD		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32806		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOELPEL, JOHN III		NAME		
STREET ADDRESS	3201 BURCHFIELD AVE		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 328126804		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 4/16/07 (907) 895-1808					