

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 004 ****61.25

DOCUMENT # 702757

1. Entity Name

SAMPSON CEMETERY INCORPORATED



Principal Place of Business

10025 RUSSELL SAMPSON ROAD
JACKSONVILLE FL 32259

Mailing Address

10025 RUSSELL SAMPSON ROAD
JACKSONVILLE FL 32259



2. Principal Place of Business

1600 LEO MAGUIRE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-6583523

Applied For

Not Applicable

Zip

32099

Country

ST. JOHNS

Zip

32099

Country

ST. JOHNS

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PELLICER, CHARLES E
28 CORDOVA ST
ST AUGUSTINE, FLORIDA
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Steve Alexander

Street Address (P.O. Box Number is Not Acceptable)

19 Old Mission Avenue

City

St. Augustine, FL

Zip Code

32084

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]

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

2-15-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRATTON, RUFUS C
STREET ADDRESS 3151 STRATTON BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32095 ☐ Delete

TITLE VD
NAME MARJORIE, WILSON
STREET ADDRESS 155 HILDEN ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32095 ☐ Delete

TITLE TD
NAME WILSON, JANICE R
STREET ADDRESS 10150 TERRELL PAPPY RD
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE SD
NAME BENNETT, TERRENE
STREET ADDRESS 10150 TERRELL PAPPY RD.
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE D
NAME DAVIS, ANNIE M
STREET ADDRESS 40 GRANT STREET
CITY-ST-ZIP ST AUGUSTINE, FL 00000 ☐ Delete

TITLE VD ☒ Delete
NAME PAPPY, JOSEPHINE
STREET ADDRESS 10200 TERRELL PAPPY RD.
CITY-ST-ZIP JACKSONVILLE FL 32259

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 420 Island Cir
CITY-ST-ZIP St. Augustine, FL 32095

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10025 Russell Sampson Road
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
NAME Daryl Ponce
STREET ADDRESS 356 Shamrock Road
CITY-ST-ZIP St. Augustine, FL 32086

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] JANICE R WILSON TO
2-15-06 904 834-2917