2007 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT (AR)

## Feb 07, 2007 8:00 am **DOCUMENT # 702757 Secretary of State** 1. Entity Name 02-07-2007 90051 033 \*\*\*\*61.25 SAMPSON CEMETERY INCORPORATED Principal Place of Business Mailing Address 10025 RUSSELL SAMPSON ROAD JACKSONVILLE FL 32259 1600 LEO MAGUIRE RD SAINT AUGUSTINE FL 32095 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-6583523 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 🤸 Name ALEXANDER, STEVE Street Address (P.O. Box Number is Not Acceptable) 19 OLD MISSION AVE SAINT AUGUSTINE FL 32084 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. /-30-07 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE PRESIDENT Delete TITLE Addition IIILE DARYL Ponce NAME STRATTON, RUFUS C NAME 56 SHAMROCK Rd STREET ADDRESS STREET ADDRESS 3151 STRATTON BLVD CITY - ST- ZIP CHY-ST-7/P · Augustine, FL ST AUGUSTINE FL 32095 Delete TITLE VD THEF TREASURE Addition nargaret Jane Block 10,80x 228 1kton, FL 32033 NAME MARJORIE, WILSON NAME STREET ADDRESS STREET ADDRESS 420 ISLAND CIR CHY-S1-ZIP SAINT AUGUSTINE FL 32095 CHY ST-ZIP Delete HILE **X** Addition TD NAME NÁM WILSON, JANICE R 864 QUEEN Rd St. Augustine E STREET ADDRESS STREET ADDRESS 10025 RUSSELL SAMPSON RD Augustine, FL. 32086 CITY-ST-ZIP CHY-ST-7tP JACKSONVILLE FL 32259 ☐ Delete TOTE ☐ Change **Addition** THE Johnny Vogel 4835 Vogel Road 31. Augustine, FL. 32092 NAME NAME BENNETT, TERRENE STREET ADDRESS STREET ADDRESS 10150 TERRELL PAPPY RD. CHY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 Agnita Williams 11400 old St. Augustine Rd. Delele Change **Addition** THUE. TITLE NAME DAVIS, ANNIE M NAME STREET ADDRESS STREET ADDRESS **40 GRANT STREET** Incksonville, FL 32223 ST AUGUSTINE, FL 00000 CHY-ST-ZIP CITY - ST- ZIP TITLE Delete ши Change **X** Addition D PONCE, DARYL STREET ADDRESS 356 SHAMROCK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT AUGUSTINE FL 32086 St. Augustine, 1-1 32086

1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Fiorida 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 eath; 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.

MARGARET

1-29-2007 904-829-6058

FILED

## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ATTACHMENT DOCUMENT # 702757 1. Entity Name SAMPSON CEMETERY INCORPORATED Principal Place of Business Mailing Address 40011192 1600 LEO MAGUIRE RD 10025 RUSSELL SAMPSON ROAD SAINT AUGUSTINE, FL 32095 JACKSONVILLE, FL 32259 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01292007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-6583523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, STEVE 19 OLD MISSION AVE Street Address (P.O. Box Number is Not Acceptable) SAINT AUGUSTINE, FL 32084 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete **Addition** TITLE TITLE Donna Wilson 480 Twenty Mile Road Ponte Vedra Beach, FL STRATTON, RUFUS C NAME NAME STREET ADDRESS 3151 STRATTON BLVD STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32095 CITY-ST-ZIP VD Delete TITLE ☐ Addition MARJORIE, WILSON NAME NAME STREET ADDRESS 420 ISLAND CIR STREET ADDRESS SAINT AUGUSTINE, FL 32095 CITY-ST-ZIP CITY-ST-7IP TD TITLE Delete TITLE Change ☐ Addition NAME WILSON, JANICE R NAME 10025 RUSSELL SAMPSON RD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32259 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition BENNETT, TERRENE NAME NAME STREET ADDRESS 10150 TERRELL PAPPY RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32259 D TITLE ☐ Change ☐ Addition TITLE Delete DAVIS, ANNIE M NAME NAME STREET ADDRESS 40 GRANT STREET STREET ADDRESS ST AUGUSTINE, FL 00000, CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Change ☐ Addition TITLE Pelete PONCE, DARYL 356 SHAMROCK RD STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE, FL 32086 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.

Daytime Phone #