2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90114 027 ****61.25

DOCUMENT # 702757

1. Entity Name

SAMPSON CEMETERY INCORPORATED

Principal Place of Business	Mailing Address
1600 LEO MAGUIRE RD SAINT AUGUSTINE FL 32095	10025 RUSSELL SAMPSON ROAD JACKSONVILLE FL 32259

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3151 STRATTON Blvd	St. Augustine, FL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 32084 Country: St. John	Zip: 32084 Country: USA

4. FEI Number 59-6583523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, STEVE
19 OLD MISSION AVE
SAINT AUGUSTINE FL 32084

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRATTON, RUFUS C 3151 STRATTON BLVD ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JANE BLOCKER 3333 S.R. 207 ~~ELKTON~~, FL. 32033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLICKER, HAMPTON 864 QUEEN RD SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICKLER, HAMPTON 864 Queen Rd St. Augustine, FL. 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, JOHNNY 4835 VOGEL RD SAINT AUGUSTINE FL 32092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DONNA WILSON 480 Twenty Mile Rd.-C Town OF Nocattee FL, 32081-4306	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENNETT, TERRENE 10150 TERRELL PAPPY RD. JACKSONVILLE FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bennett, Terrene 10150 Terrell Pappy Rd Jacksville, FL. 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, AGNITA 11400 OLD ST. AUGUSTINE RD JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PONCE, DARYL 356 SHAMROCK RD SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Margaret Jane Blocker - MARGARET JANE Blocker 4-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date