



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

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 712160</b> 1. Entity Name <b>WACAHOOTA METHODIST CEMETERY MAINTENANCE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>16424 N.W. HIGHWAY 320 MICANOPY, FL 32667 US</b>	Mailing Address <b>16424 N.W. HIGHWAY 320 MICANOPY, FL 32667 US</b>
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**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2804583</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

**SMITH, JAMES P. JR  
16424 N.W. HIGHWAY 320  
MICANOPY, FL 32667**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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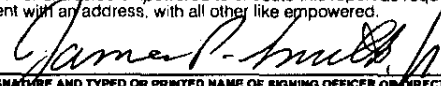
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYER SR, TYRIE 125 N MARKET STREET JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, C M RT 1 BOX 350 CO RD 320 MICANOPY, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, JAMES P. JR. 16424 N.W. HIGHWAY 320 MICANOPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/06/06-80005-002 61.25

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/06 (352) 528-0096  
Date Daytime Phone #