

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90194 031 ****70.00

DOCUMENT # 714404

1. Entity Name
GRAND ISLAND CEMETERY, INC.



Principal Place of Business
**38314 ECHOLS RD
LEESBURG, FL 34788 US**

Mailing Address
**P O BOX 350004
GRAND ISLE, FL 32735 US**

40055144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2596473

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILTON, W.A. J
38314 ECHOLS ROAD
LEESBURG, FL 34788**

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

**Filing 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 **P** ☐ Delete
NAME **BRACKMAN, JOHN**
STREET ADDRESS **36648 S FISH CAMP RD**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **D** ☒ Delete
NAME **BRACKMAN, JAYNE**
STREET ADDRESS **36648 S FISH CAMP ROAD**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **D** ☐ Delete
NAME **DURDEN, HOWARD C**
STREET ADDRESS **635 OLEANDER STREET**
CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE **D** ☐ Delete
NAME **GOTTFRIED, TED**
STREET ADDRESS **1031 N MAGNOLIA CIR**
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **T** ☐ Delete
NAME **MILTON, W.A., JR**
STREET ADDRESS **38314 ECHOLS ROAD**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE **D** ☐ Delete
NAME **APEDAILE, MARY**
STREET ADDRESS **13812 DONOVAN LANE**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Change ☒ Addition
NAME **Cason, James**
STREET ADDRESS **18016 Apsnawa Road**
CITY-ST-ZIP **Clermont FL 32711**

TITLE **D** ☐ Change ☒ Addition
NAME **Logue, Donald**
STREET ADDRESS **36043 Via Grand**
CITY-ST-ZIP **Grand Island FL 32735**

TITLE **D** ☐ Change ☒ Addition
NAME **Cason, Robert**
STREET ADDRESS **740 Wisteria Avenue**
CITY-ST-ZIP **Umatilla FL 32184**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

W.A. MILTON JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-06 352-357-3723