

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

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**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**



04062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2596473**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CASON, ROBERT  
740 WISLERIA AVE  
UMATILLA, FL 32784**

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

U000000708659  
04/24/07-80123-010 61.25

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

**W.A. MILTON JR**

Date

Daytime Phone #

**4-12-07 352-3573723**