

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



04172008 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000911912
05/07/08-80059-009 70.00

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**

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

Date

Daytime Phone #

W.A. Milton Jr **W.A. Milton Jr** **38** **4-17-08** **352-357-3723**