

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90071 036 \*\*\*\*61.25

<b>DOCUMENT # 717358</b> 1. Entity Name <b>SOUTHPORT MEMORIAL GARDENS, INCORPORATED</b>					
Principal Place of Business <b>WEST END OF FIFTH STREET P.O. BOX 8824 SOUTHPORT FL 32409</b>			Mailing Address <b>SOUTHPORT MEMORIAL GARDENS PO BOX 8052 SOUTHPORT FL 32409 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>YOUNBLOOD, BOBBY 1528 2ND STREET PANAMA CITY FL 32409</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KYSER, J.T 7600 NORTH GAINER ROAD SOUTHPORT FL 32409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, L.J 1117 4TH CIRCLE SOUTHPORT FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUDOLPH MILLER 7039 GRASSY POINT RD. SOUTHPORT, FL. 32409	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YOUNGBLOOD, BOBBY 1528 2ND STREET SOUTHPORT FL 32409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWELL, JESSIE BOX 2337 SOUTHPORT FL 32409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TATUM, HERMAN 7810 DUVAL AVE PANAMA CITY FL 32409		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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: <u>Bobby Youngblood</u> 3-9-06 1-850-271-2211					