

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90037 033 ****61.25

DOCUMENT # 717838 1. Entity Name ASTOR PARK CEMETERY, INC.					
Principal Place of Business 22200 BLUE CREEK LODGE ROAD ASTOR, FL 32102				Mailing Address 22200 BLUE CREEK LODGE ROAD ASTOR, FL 32102	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2869820	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUTCHINSON, JOHN W 22200 BLUE CREEK LODGE ROAD ASTOR, FL 32102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHINSON, JOHN W		NAME		
STREET ADDRESS	22200 BLUE CREEK LODGE RD		STREET ADDRESS		
CITY - ST - ZIP	ASTOR, FL 32102		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNSTMAN, RUTH		NAME		
STREET ADDRESS	21329 DARDEN RD		STREET ADDRESS		
CITY - ST - ZIP	ASTOR, FL 32102		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHADDIX, JAMES E		NAME	Roy Hall	
STREET ADDRESS	22406 BLUE CREEK LODGE RD		STREET ADDRESS	21335 Darden Rd	
CITY - ST - ZIP	ASTOR, FL 32102		CITY - ST - ZIP	Astor FL 32102	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAPPE, EDWARD		NAME		
STREET ADDRESS	22324 BLUECREEK LODGE RD		STREET ADDRESS		
CITY - ST - ZIP	ASTOR, FL 32102		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASLEY, DOUGLAS		NAME		
STREET ADDRESS	43 MCBANE STREET		STREET ADDRESS		
CITY - ST - ZIP	UMATILLA, FL 32784		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSTAFSON, THOMAS		NAME		
STREET ADDRESS	54730 GUSTAFSON DR		STREET ADDRESS		
CITY - ST - ZIP	ASTOR, FL 32102		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: <i>John W Hutchinson</i> John W Hutchinson <i>1/22/06</i> P <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					