


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 045 ****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 - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2869820	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent HUTCHINSON, JOHN W 22200 BLUE CREEK LODGE ROAD ASTOR FL 32102		7. Name and Address of New Registered Agent 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 _____		(NOTE Registered Agent signature required when reinstating)		DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HUTCHINSON, JOHN W		NAME	ANN WOOD-ANN			
STREET ADDRESS	22200 BLUE CREEK LODGE RD		STREET ADDRESS	56421 ELM RD.			
CITY-ST-ZIP	ASTOR FL 32102		CITY-ST-ZIP	ASTOR FL 32102			
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HUNSTMAN, RUTH		NAME	HUNSTMAN RUTH			
STREET ADDRESS	21329 DARDEN RD		STREET ADDRESS	21329 DARDEN RD.			
CITY-ST-ZIP	ASTOR FL 32102		CITY-ST-ZIP	ASTOR FL 32102			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HALL, ROY		NAME	JOHNSON CAREY			
STREET ADDRESS	21335 DARDEN RD		STREET ADDRESS	24530 W 2nd St			
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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUSTAFSON, THOMAS		NAME				
STREET ADDRESS	54720 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 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: *John W Hutchinson* *John W Hutchinson* 2/28/2007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #