


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 004 ****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 #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2869820			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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			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 _____ DATE _____ <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, 2008		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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINSON, JOHN W		NAME	TRAPPE, EDWARD			
STREET ADDRESS	22200 BLUE CREEK LODGE RD		STREET ADDRESS	22324 BLUE CREEK LODGE ROAD			
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP	ASTOR, FL 32102			
TITLE	DS	<input type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WOOD, ANN		NAME	HUNTSMAN, RUTH			
STREET ADDRESS	56421 ELM RD.		STREET ADDRESS	21329 DARDEN ROAD			
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP	ASTOR, FL 32102			
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOHNSON, CAREY		NAME	VANCE, ROBERT			
STREET ADDRESS	24530 WLOYD ST		STREET ADDRESS	24621 E. RIVER ROAD			
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 checked="" 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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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>Ann Wood</i>		Date: 3-5-08		Daytime Phone #: 352-759-2855			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			