


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 718491 1. Entity Name MANDARIN CEMETERY, INCORPORATED |  |
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| Principal Place of Business 3720 KORI ROAD JACKSONVILLE, FL 32257 US | Mailing Address 3720 KORI ROAD JACKSONVILLE, FL 32257 US |
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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6197791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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IN THIS SPACE**

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| 5. Name and Address of Current Registered Agent FOLDS, SAM J 3720 KORI ROAD JACKSONVILLE, FL 32257 |
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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 **1/4/06**

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, LAWRENCE W 2209 BISHOP ESTATES ROAD JACKSONVILLE, FL 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MORROW, WILLIAM S 12260 MANDARIN ROAD JACKSONVILLE, FL 32223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FOLDS, SAM J JR. 3720 KORI ROAD JACKSONVILLE, FL 32257 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JETER, WILLIAM H JR. 11136 SCOTT MILL ROAD JACKSONVILLE, FL 32223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, JOSPEH 14696 S. LONGVIEW ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/12/06-80026-020 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 