

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

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90060 009 \*\*\*\*61.25

**DOCUMENT # 718491**

1. Entity Name

**MANDARIN CEMETERY, INCORPORATED**



Principal Place of Business

Mailing Address

3720 KORI ROAD  
JACKSONVILLE FL 32257  
US

3720 KORI ROAD  
JACKSONVILLE FL 32257  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6197791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOLDS, SAM J**  
**3720 KORI ROAD**  
**JACKSONVILLE FL 32257**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME JONES, LAWRENCE W  
STREET ADDRESS 2209 BISHOP ESTATES ROAD  
CITY- ST- ZIP JACKSONVILLE FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPD ☐ Delete  
NAME MORROW, WILLIAM S  
STREET ADDRESS 12260 MANDARIN ROAD  
CITY- ST- ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME FOLDS, SAM J JR.  
STREET ADDRESS 3720 KORI ROAD  
CITY- ST- ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ~~SR~~ D ☐ Delete  
NAME JETER, WILLIAM H JR.  
STREET ADDRESS 11136 SCOTT MILL ROAD  
CITY- ST- ZIP JACKSONVILLE FL 32223

TITLE D ☒ Change ☐ Addition  
NAME JETER, WILLIAM H. JR.  
STREET ADDRESS 211 DRAYTON ISLAND ROAD  
CITY- ST- ZIP GEORGETOWN, FLORIDA 32139

TITLE D ☐ Delete  
NAME WALSH, JOSPEH  
STREET ADDRESS 14696 S. LONGVIEW ROAD  
CITY- ST- ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ZIP CODE: 32223

TITLE SD ☐ Delete  
NAME NANCY HOOVER  
STREET ADDRESS 12820 MANDARIN ROAD  
CITY- ST- ZIP JACKSONVILLE, FLORIDA 32223

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
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:

**SAM J. FOLDS, JR.**

2/19/07

904.268.0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #