

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 718491

1. Entity Name
MANDARIN CEMETERY, INCORPORATED



Principal Place of Business
3720 KORI ROAD
JACKSONVILLE, FL 32257 US

Mailing Address
3720 KORI ROAD
JACKSONVILLE, FL 32257 US



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6197791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOLDS, SAM J
3720 KORI ROAD
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, LAWRENCE W
STREET ADDRESS 2209 BISHOP ESTATES ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32259

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

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

TITLE D
NAME JETER, WILLIAM H JR.
STREET ADDRESS 211 DRAYTON ISLAND RD
CITY-ST-ZIP GEORGETOWN, FL 32139

TITLE D
NAME WALSH, JOSPEH
STREET ADDRESS 14696 S. LONGVIEW ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE SD
NAME HOOVER, NANCY
STREET ADDRESS 12820 MANDARIN RD
CITY-ST-ZIP JACKSONVILLE, FL 32223

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01/09/08-80024-008 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sam J Folds Jr

1/7/08

904.268.0264