


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 730139 1. Entity Name TILLOTSON FAMILY CEMETARY, INC.	
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Principal Place of Business 13330 SINGLETON ST. JACKSONVILLE, FL 32225 US	Mailing Address 13330 SINGLETON ST. JACKSONVILLE, FL 32225 US
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1578482	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 NANCY L. PEIFFER 13330 SINGLETON ST. JACKSONVILLE, FL 32225
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing 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	U000000707193 04/24/07-80063-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNON, CLARENCE C 13270 SINGLETON ST., JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, ANDREW 1415 BROAD ST MAYPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGRAM, MILDRED K. 1820 SEVILLA BLVD., UNIT 205 ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPER, MILLARD 876 PIONEER DR. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIFFER, NANCY 13330 SINGLETON ST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RANDY 4641 RIBAUT PARK RD MAYPORT, FL

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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: *Nancy L. Peiffer* **NANCY L. PEIFFER** 4-10-07 (904) 221-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #