

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90133 022 ****61.25

DOCUMENT # 738819

1. Entity Name
SANTA FE CEMETERY, INC.



Principal Place of Business
**27047 41ST RD
BRANFORD, FL 32008 US**

Mailing Address
**27047 41ST RD
BRANFORD, FL 32008 US**

50006679



03172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2163582

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, RAY E
3259 W BRYANT AVE
WILLISTON, FL 32696**

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 reinstating)

DATE

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

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

TITLE **D** ☐ Delete
NAME **DICKS, WALLACE**
STREET ADDRESS **3323 256TH ST**
CITY-ST-ZIP **O BRIEN, FL 32071**

TITLE **TS** ☐ Delete
NAME **SANDLIN, MYRTLE**
STREET ADDRESS **27047 41ST RD.**
CITY-ST-ZIP **BRANFORD, FL**

TITLE **VP** ☐ Delete
NAME **BRYANT, W E**
STREET ADDRESS **6688 CABELLO DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32226**

TITLE **D** ☒ Delete
NAME **AVERY, J, W**
STREET ADDRESS **1606 NW 122ND ST**
CITY-ST-ZIP **GAINESVILLE, FL**

TITLE **P** ☐ Delete
NAME **SANDLIN, VIRGIL**
STREET ADDRESS **P.O. BOX 85**
CITY-ST-ZIP **CEDAR KEY, FL**

TITLE **D** ☐ Delete
NAME **COOP, ARCHIE**
STREET ADDRESS **3906 256TH ST.**
CITY-ST-ZIP **O'BRIEN, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **TIM ROGERS DR**
CITY-ST-ZIP **19415 NW Highway 335**
WILLISTON, FL 32696-4209

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

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 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:

Myrtle H. Sandlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #