

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 007 ****61.25

DOCUMENT # 743605

1. Entity Name

NEW MONROVIA CEMETERY, INC.



Principal Place of Business

**4450 S.E. COVE ROAD
P.O. BOX 903
PORT SALERNO FL 34992**

Mailing Address

**P.O. BOX 903
PORT SALERNO FL 34992**



2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1986513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**WEEMS, EULA (Deceased)
4450 S.E. COVE ROAD
PO BOX 903
PORT SALERNO FL 34992**

7. Name and Address of New Registered Agent

Name **Germaine Patterson**
Street Address (P.O. Box Number is Not Acceptable)
4450 S.E. Cove Road
P.O. Box 903
Port Salerno **FL** Zip Code **34992**

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

Germaine Patterson

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

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

DATE

3/22/06

**FILE NOW: 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 **PTD** ☐ Delete
NAME **PATTERSON, GERMAINE**
STREET ADDRESS **7805 SE HILLTOP TER**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **SD** ☐ Delete
NAME **PATTERSON, GLORIA**
STREET ADDRESS **7765 SE HILLTOP TEN**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VPD** ☒ Delete
NAME **WEEMS, EULA M**
STREET ADDRESS **4450 SE COVE RD**
CITY-ST-ZIP **PORT SALERNO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Gloria Patterson **Gloria Patterson** **3/22/06** **772.546.5366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number