


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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90103 039 *****61.25

DOCUMENT # 753507	
1. Entity Name ORANGE HILL CEMETERY ASSOCIATION, INC.	

Principal Place of Business 18250 NE SR 121 WILLISTON FL 32696	Mailing Address 18250 NE SR 121 WILLISTON FL 32696
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2. Principal Place of Business 21251 NE 75th Suite, Apt. #, etc.	3. Mailing Address 21251 NE 75 ST Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State Williston, FL Zip 32696 Country USA	City & State Williston, FL Zip 32696 Country USA
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4. FEI Number 59-0860388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENDRAY, NORMA 18351 NE ST RD 121 WILLISTON FL 32696	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME SMITH, JOY S	
STREET ADDRESS 18250 NE SR 121	
CITY-ST-ZIP WILLISTON FL 32696	
TITLE SECRETREAS.	<input type="checkbox"/> Delete
NAME ARNOLD, BETTY ANN	
STREET ADDRESS 2125 NE 75TH ST.	
CITY-ST-ZIP WILLISTON FL 32696	
TITLE P	<input type="checkbox"/> Delete
NAME YANCEY, LARRY	
STREET ADDRESS 18491 NE SR 121	
CITY-ST-ZIP WILLISTON FL 32696	
TITLE D	<input type="checkbox"/> Delete
NAME WHEELER, KATHLEEN	
STREET ADDRESS 370 NW 8TH ST	
CITY-ST-ZIP WILLISTON FL 32696	
TITLE VP	<input type="checkbox"/> Delete
NAME WHITEHURST, BETTY	
STREET ADDRESS 20550 NE 75TH ST	
CITY-ST-ZIP WILLISTON FL 32696	
TITLE D	<input type="checkbox"/> Delete
NAME ARNOLD, BILL	
STREET ADDRESS 2125 NE 75TH ST.	
CITY-ST-ZIP WILLISTON FL 32696	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SECRETREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KATHLEEN WHEELER	
STREET ADDRESS 370 NW 8TH ST	
CITY-ST-ZIP WILLISTON, FL	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KATHRYN HARRIS	
STREET ADDRESS 640 NW 2nd Ave	
CITY-ST-ZIP Williston, FL 32696	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty Ann Arnold 3/16/06 352-528-3623