

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90031 049 ****70.00

DOCUMENT # 753507

1. Entity Name
ORANGE HILL CEMETERY ASSOCIATION, INC.



Principal Place of Business
21251 NE 75 ST
WILLISTON, FL 32696

Mailing Address
21251 NE 75 ST
WILLISTON, FL 32696

40006770



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0860388

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PENDRAY, NORMA
18351 NE ST RD 121
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, 2007**

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	<input type="checkbox"/> Delete
NAME	SMITH, JOY S	
STREET ADDRESS	18250 NE SR 121	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	ST	<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yancey, Larry	
STREET ADDRESS	18491 NE SR 121	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold, Betty Ann	
STREET ADDRESS	21251 NE 75th St	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pendray, Norma	
STREET ADDRESS	18351 NE STRD 121	
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 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:

Betty Ann Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty Ann Arnold

1/30/07 352-528-3623
Date Daytime Phone #