

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 760127		
1. Entity Name FLORIDA MORTICIANS' ASSOCIATION, INC.		

Principal Place of Business 551 W CAROLINE ST TALL, FL 32301 US	Mailing Address 551 W CAROLINA ST TALL, FL 32301 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAY -5 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2926726		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	
LAWRENCE, DARRELL 551 W CAROLINA ST TALL, FL 32301		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.

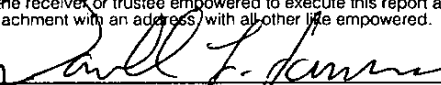
SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNN, ALEXANDER C 1300 BRUTOW BLVD. ORLANDO, FL 32805 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO. Alphonso Richardson 551 W Caroline St Tallahassee Florida 32301 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Lamar Skuler 551 W Caroline St Tallahassee FL 32301 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. Bernard Mitchell 551 W Caroline St Tallahassee Florida 32301 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, MARION 900 FLORIDA AVE JAX, FL 32206 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABB, GEORGE 625 S HOLLAND PKWY BARTOW, FL 33830 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAINES, SAMUEL S. 317 N. 7TH ST. FT. PIERCE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE, DARRELL 551 W CAROLINA ST TALL, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:  DATE: May 5 2006 DAYTIME PHONE: (850) 224-2139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR