

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 762299

1. Entity Name
PALL-BEARERS SOCIETY NO. 5, WEST SANFORD, INC.



Principal Place of Business
**1501 WEST 11TH STREET
SANFORD, FL 32771 US**

Mailing Address
**1501 WEST 11TH STREET
SANFORD, FL 32771 US**

FILED

06 JUN -5 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06012006 No Chg-NP CR2E037 (4/06)

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|------------------------------------|--|
| 4. FEI Number 59-2385149 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**JORDAN, ELIZABETH
228 LONGWOOD DR.
OSTEEN, FL 32764**

**DO NOT WRITE
IN THIS SPACE**

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: Elizabeth Jordan - President - 6-1-06
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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JORDAN, ELIZABETH 228 LONGWOOD DR. OSTEEN, FL 32764 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FREDRICK, CHARLOTTE 1001 W. 8TH ST. SANFORD, FL 32771 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TAYLOR, ZORA MAE 1219 W. 8TH. ST. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BLACK, GERTRUDE 1501 W. 11TH STREET SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

\$36/9

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06/16/06--01042--006 **\$1.20

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IN THIS SPACE**

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: Elizabeth Jordan 6-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #