

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # 764455

1. Entity Name
EHREN CEMETARY ASSOCIATION INC.



Principal Place of Business
P.O. BOX 1601
LAND O'LAKES, FL 34639

Mailing Address
P.O. BOX 1601
LAND O'LAKES, FL 34639



04202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2194005

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDREE, DAVID
13221 OAKWOOD DRIVE
HUDSON, FL 34669**

**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

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, 2005**

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
**D
TOLER, STEVE
23311 JEROME ROAD
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BLADREE, DAVID
13221 OAKWOOD DRIVE
HUDSON, FL 34669**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, LLOYD
8058 W. CHASSAHOWITZKA STREET
HOMOSASSA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SNYDER, VIVIAN
9412 N EDISON AVENUE
TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCALL, BETTY
4235 BRYAN ROAD
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WARD, LINDA T.
P O BOX 123 N/A
BROOKSVILLE, FL**

1100000327601
04/25/05-80044-016 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda T. Ward **LINDA T. WARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 **352-796-1236**
Date Daytime Phone