


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 764455</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  BALDREE, DAVID 13221 OAKWOOD DRIVE HUDSON, FL 34669		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>David Baldree</u> DATE: <u>4-21-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	
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: <u>Linda T. Ward</u> <u>LINDA T. WARD</u> <u>4-20-06</u> <u>352 796 1236</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2194005	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

U00000533703  
05/06/06-80133-004 70.00

**DO NOT WRITE  
IN THIS SPACE**