

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 768718**

1. Entity Name

GARDEN OF MEMORIES, INC.



Principal Place of Business

12740 CURLEY ST  
SAN ANTONIO FL 33576  
US

Mailing Address

PO BOX 156  
SAN ANTONIO FL 33576  
US



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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2329771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRADER, THOMAS A  
12740 CURLEY ST  
SAN ANTONIO FL 33576

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

*Thomas A. Schrader*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	STORCH, DONALD	
STREET ADDRESS	12134 POMPANIC	
CITY- ST- ZIP	SAN ANTONIO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIEFER, AL	
STREET ADDRESS	NO POMPANIC	
CITY- ST- ZIP	SAN ANTONIO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GUDE, VEDA	
STREET ADDRESS	14042 CURLEY RD	
CITY- ST- ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, THOMAS A	
STREET ADDRESS	33923 DUNNE RD	
CITY- ST- ZIP	SAN ANTONIO FL 33576	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIEFER, A. W.	
STREET ADDRESS	N. CURLEY POB 111	
CITY- ST- ZIP	SAN ANTONIO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, C B	
STREET ADDRESS	MCCABE RD	
CITY- ST- ZIP	SAN ANTONIO FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000699250
CITY- ST- ZIP	04/19/07-80035-005 61.25
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 Section 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:

*Thomas A. Schrader*

THOMAS A SCHRADER

4-09-07

352 588-2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone