

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 08:00 AM**  
**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 (10/07)

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

Signature of person named as registered agent in Block 6

(NOTE: Registered Agent cannot be used with reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

|                |                             |   |
|----------------|-----------------------------|---|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1100000890950               |   |
| STREET ADDRESS | 04/23/08-800086-006 F.I. 25 |   |
| CITY-STATE-ZIP |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-STATE-ZIP |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-STATE-ZIP |                             |   |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| STREET ADDRESS |                             |   |
| CITY-STATE-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.

THOMAS A SCHRADER

SIGNATURE: *Thomas A. Schrader*

DIRECTOR

04-07-08

352 588-2515