## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768973** 

FILED Feb 08, 2006 Secretary of State

Entity Name: JUDD CEMETERY ASSOCIATION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1635 PHILIPS MANOR RD FERNANDINA BEACH, FL 32034 **Current Mailing Address: New Mailing Address:** 1635 PHILIPS MANOR RD 1635 PHILIPS MANOR RD MANOR ROAD FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HALL, MYRTLE C HALL, MYRTLE C 1373 MANUCY ROAD 1373 MANUCY ROAD FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US 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. SIGNATURE: MYRTLE C HALL 02/08/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition HILDRETH, MARY E. Name: Name: 1231 FORREST DRIVE Address: Address: City-St-Zip: FERNANDINA BCH, FL 32034 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: TAYLOR, ANITA H, Name: Address: 3235 WINTERBERRY AVENUE Address: City-St-Zip: FERNANDINA BCH, FL City-St-Zip: Title: () Delete Title: () Change () Addition HALL, MYRTLE C., Name: Name: 1373 MANUCY ROAD Address: Address: City-St-Zip: FERNANDINA BCH, FL 32034 City-St-Zip: Title: TD () Delete Title: () Change () Addition COLLINS JANE P. Name: Name: 1635 PHILIPS MANOR ROAD Address: Address: City-St-Zip: FERNANDINA BCH, FL 32034 City-St-Zip: Title: Title: () Delete () Change () Addition HALL, LOWELL Name: Name: 2021 SOUTH FLETCHER AVENUE Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE P COLLINS TD 02/08/2006