


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001217 1. Entity Name MUTUAL AID FOR BURIAL SOCIETY, INC.	
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Principal Place of Business 2815 UNIVERSITY ACRES DR. ORLANDO, FL 32817	Mailing Address P.O. BOX 677606 ORLANDO, FL 32867-7606
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03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3749221 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOTETANO, DORIS E 2815 UNIVERSITY ACRES DR. ORLANDO, FL 32817

**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 *Doris E. Botetano* **DORIS E. BOTETANO, VICE-PRESIDENT** **03/08/05**
(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**

**U000000263601
03/14/05-80100-025 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTETANO, DORIS E 2815 UNIVERSITY ACRES DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ELSA Y 11030 CREIGHTON DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTRON, BENJAMIN 267 N. HAWTHORNE AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**U000000263601
03/14/05-80100-026 8.75**

**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)(i), 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 *Doris E. Botetano* **3/08/05** **(407) 970-4974**