

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001217

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** MUTUAL AID FOR BURIAL SOCIETY, INC.

**Current Principal Place of Business:**

7523 ALOMA AVE  
209  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 677606  
ORLANDO, FL 328677606

**New Mailing Address:**

**FEI Number:** 59-3749221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOTETANO, DORIS E  
2815 UNIVERSITY ACRES DR.  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOTETANO, DORIS E  
Address: 2815 UNIVERSITY ACRES DR.  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: MEDINA, ELSA Y  
Address: 11030 CREIGHTON DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: ANTRON, BENJAMIN  
Address: URBANIZACION ALTAMIRA CALLE 10 D-28  
City-St-Zip: FAJARDO, PR 00738

I hereby 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 all other like empowered.

**SIGNATURE:** DORIS E. BOTETANO

D

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date