

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

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90031 001 \*\*\*\*61.25

**DOCUMENT # N02000003799**  
1. Entity Name  
**TAFT MEMORIAL CEMETERY, INC.**



Principal Place of Business Mailing Address  
501 W. LANDSTREET ROAD C/O WILTON D. STRAUGHTER  
TAFT FL 32824 114 PINE STREET  
ORLANDO FL 32824



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

1st MOORE CR2E037 (10/07)  
4. FEI Number 59-2971483 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HARGROVE, CHARLES D ESQ  
SAVAGE-GASTON, HOGAN & HARGROVE, P.A.  
801 N MAGNOLIA AVE STE 402  
ORLANDO FL 32803-3851

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when registering) 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

T HARRIS, HAROLD 395 DEMPSEY WAY ORLANDO FL 32835	<input type="checkbox"/> Delete
DV MONTGOMERY, WANDA A 126 PINE STREET ORLANDO FL 32824	<input type="checkbox"/> Delete
DS WHEELER, FRANCES 4446 MARSHALL STREET ORLANDO FL 32811	<input type="checkbox"/> Delete
DT WILSON, JESSE 529 CYPRESS STREET ORLANDO FL 32824	<input type="checkbox"/> Delete
D STRAUGHTER, WILTON D 114 PINE STREET ORLANDO FL 32824	<input type="checkbox"/> Delete
T TYSON, WILLIAM 901 PAUL ST ORLANDO FL 32808	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Howell, Wanda A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T Montgomery, Anthony 126 Pine Street Orlando, FL 32824	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Charles A. Howell* *Wanda A Howell* 2/1/2008 407-325-1403