

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

**501 W. LANDSTREET ROAD
TAFT FL 32824**

Mailing Address

**C/O WILTON D. STRAUGHTER
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

7. Name and Address of New Registered Agent

**HARGROVE, CHARLES D ESQ
SAVAGE-GASTON, HOGAN & HARGROVE, P.A.
801 N MAGNOLIA AVE STE 402
ORLANDO FL 32803-3851**

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, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
HARRIS, HAROLD
335 DEMPSEY WAY
ORLANDO FL 32835

DV ☐ Delete
MONTGOMERY, WANDA A
126 PINE STREET
ORLANDO FL 32824

DS ☐ Delete
WHEELER, FRANCES
4446 MARSHALL STREET
ORLANDO FL 32811

DT ☐ Delete
WILSON, JESSE
529 CYPRESS STREET
ORLANDO FL 32824

D ☐ Delete
STRAUGHTER, WILTON D
114 PINE STREET
ORLANDO FL 32824

T ☒ Delete
TYSON, WILLIAM
901 PAUL ST
ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-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.

SIGNATURE: *Charles D. Howell* Wanda A Howell

2/1/2008

407-325-1403