
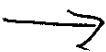
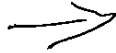


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90059 018 \*\*\*\*61.25

<b>DOCUMENT # N03493</b> 1. Entity Name <b>JENNINGS LAKE CEMETERY TRUSTEES, INC.</b>					
Principal Place of Business <b>C/O MARGARET ROBERTS 5050 S.W. CR. 232 BELL FL 32619 US</b>			Mailing Address <b>C/O MARGARET ROBERTS 5050 S.W. CR. 232 BELL FL 32619 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2923121</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROBERTS, MARGARET J. 5050 SW CR 232 BELL FL 32619</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GREEN, EVELYN</b> <b>6680 S.W. 80TH ST.</b> <b>TRENTON FL 32693</b>	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD G.M. Everett</b> <b>Highway 341</b> <b>Trenton, Fla. 32693</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SANCHEZ, LEO</b> <b>4020 S.W. C.R. 232</b> <b>BELL FL 32693</b>	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD Laren Bass</b> <b>Highway 132</b> <b>Bell, Fla. 32619</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD ROBERTS, MARGARET</b> <b>5050 S.W. C.R. 232</b> <b>BELL FL 32619</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Ray Cannon</b> <b>Bell, Fla. 32619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JONES, GEORGE</b> <b>CR. 307</b> <b>TRENTON FL 32693</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Arnet cannon</b> <b>Bell, Fla 32619</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D JONES, JIM</b> <b>CR. 341</b> <b>BELL FL 32619</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Dell cannon</b> <b>Bell, Fla 32612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SAPP, LEROY</b> <b>CR 341</b> <b>TRENTON FL 32693</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Brent Williamson</b> <b>Highway 232</b> <b>Bell, FL. 32619</b>	<input 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: <u>Margaret Roberts</u> <u>Margaret Roberts</u> <u>2/8/06</u>					