

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001652

FILED
Jul 01, 2006
Secretary of State

Entity Name: JACKSONVILLE YORK RITE BODIES, INC.

Current Principal Place of Business:

1237 S. MCDUFF AVE.
JACKSONVILLE, FL 322508050

New Principal Place of Business:

Current Mailing Address:

1237 S. MCDUFF AVE.
JACKSONVILLE, FL 322508050

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FITZPATRICK, CHESTER L
2860 CEDARCREST DR.
ORANGE PARK, FL 32073 US

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 () Delete
Name: HICKOX, GLYNN L
Address: 3145 HONEYWOOD DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: COOPER, CHARLES R
Address: 3247 SABAL PALM DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: YARBOROUGH, DAVID A
Address: 11217 INEZ DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: WALKER, WILLIAM
Address: 1727 GROVE PARK BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: HAMMOND, WALTER M
Address: 1237 S MCDUFF AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER M HAMMOND

S

07/01/2006

Electronic Signature of Signing Officer or Director

Date