2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N04000003167

Entity Name: MATECUMBE MEMORIAL GARDENS, INC.

Current Principal Place of Business:

MATECUMBE UNITED METHODIST CHURCH
P.O. BOX 905
ISLAMORADA, FL 33036 US

New Principal Place of Business:

MATECUMBE UNITED METHODIST CHURCH
81831 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

Current Mailing Address:

MATECUMBE UNITED METHODIST CHURCH
P.O. BOX 905
ISLAMORADA, FL 33036 US

New Mailing Address:

MATECUMBE UNITED METHODIST CHURCH
81831 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

FEI Number: 59-2340906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINSTEL, JAMES W
52 WEST PLAZA DEL LAGO
ISLAMORADA, FL 33036 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: P ( ) Delete
Name: WINSTEL, JAMES W
Address: 52 WEST PLAZA DEL LAGO
City-St-Zip: ISLAMORADA, FL 33036 US

Title: V ( ) Delete
Name: KEITH, ELIZABETH
Address: P.O. BOX 65
City-St-Zip: ISLAMORADA, FL 33036 US

Title: S ( ) Delete
Name: WINSTEL, JUDY K
Address: 52 WEST PLAZA DEL LAGO
City-St-Zip: ISLAMORADA, FL 33036 US

Title: T ( ) Delete
Name: COCKERHAM, DONNA M
Address: 83201OLD HWY. MAILING P.O. BOX 317
City-St-Zip: ISLAMORADA, FL 33036 US

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:

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: JAMES W. WINSTEL P 01/12/2007

Electronic Signature of Signing Officer or Director — Date