


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

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 012 ****61.25

DOCUMENT # N04771
1. Entity Name
THE WEST WABASSO CEMETERY ASSOCIATION, INC.



Principal Place of Business: **8550 58TH AVENUE WABASSO FL 32970 US**
Mailing Address: **PO BOX 462 WABASSO FL 32970 US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **26-7631706**
Applied For: Not Applicable

Zip: **Ind. River** Country: **Ind. River**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TERRELL, INEZ
8550 58TH AVE
WABASSO FL 32970**

7. Name and Address of New Registered Agent
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 required when re-registering) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	
TITLE: PD NAME: TERRELL, INEZ MRS STREET ADDRESS: 8550 58TH AVE CITY-ST-ZIP: WABASSO FL	<input type="checkbox"/> Delete
TITLE: VD NAME: RAY CARTWRIGHT STREET ADDRESS: 8568 58TH AVENUE CITY-ST-ZIP: WABASSO FL	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: EALY, CATHERINE H STREET ADDRESS: 4042 46 ST CITY-ST-ZIP: GIFFORD FL	<input type="checkbox"/> Delete
TITLE: <i>VSD</i> NAME: <i>Cynthia Douglas</i> STREET ADDRESS: <i>1356 Bayfront Terrace</i> CITY-ST-ZIP: <i>Sebastian, Fl.</i>	<input type="checkbox"/> Delete
TITLE: <i>Treas. D</i> NAME: <i>Janet Harris</i> STREET ADDRESS: <i>8676 - 66th Ave</i> CITY-ST-ZIP: <i>Wabasso Fl. 32970</i>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>VD</i> NAME: <i>Billie Mennis</i> STREET ADDRESS: <i>8466 - 63rd Ave</i> CITY-ST-ZIP: <i>Wabasso Fl. 32970</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>Trustees</i> NAME: <i>Charlie Green</i> STREET ADDRESS: <i>8355 - 62nd Ave</i> CITY-ST-ZIP: <i>Wabasso Fl. 32970</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>Trust.</i> NAME: <i>Janelle Jefferson</i> STREET ADDRESS: <i>8436 - 63rd ct</i> CITY-ST-ZIP: <i>Wabasso - Fl. 32970</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <i>Trust.</i> NAME: <i>Paul English</i> STREET ADDRESS: <i>8685 - 65th ct</i> CITY-ST-ZIP: <i>Wabasso Fl. 32970</i>	<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: *Inez Terrell - Inez Terrell* 4-28-6 772-589-4173