


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90162 001 \*\*\*140.00

<b>DOCUMENT # N05000003969</b> 1. Entity Name <b>H.J. LARKIN ENDOWED CEMETERY CORPORATION</b>			
Principal Place of Business <b>209 HICKORY STREET NEW SMYRNA BEACH, FL 32168</b>		Mailing Address <b>209 HICKORY STREET NEW SMYRNA BEACH, FL 32168</b>	
2. Principal Place of Business - No P.O. Box # <b>434 North Myrtle Ave</b>		3. Mailing Address <b>434 North Myrtle Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>New Smyrna Beach, FL 32168</b>		City & State <b>New Smyrna Beach, FL</b>	
Zip <b>32168</b>		Zip <b>32168</b>	
Country 		Country 	
4. FEI Number <b>11-3754654</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HORNE, ELLA M 201 OAK STREET NEW SMYRNA BEACH, FL 32168</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 <u><i>Ellie M. Horne</i></u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>PD</b> <b>BROWN, MELVIN J</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>209 HICKORY STREET</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>DV</b> <b>MUJAHID, HABIBULLAH H</b> <input type="checkbox"/> Delete STREET ADDRESS <b>434 NORTH MYRTLE AVE</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>DS</b> <b>ANDERSON-HORNE, ELLA M</b> <input type="checkbox"/> Delete STREET ADDRESS <b>201 OAK STREET</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>DT</b> <b>BLACKWOOD, RONALD A</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5275 ATLANTIC AVE UNIT 408</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>D</b> <b>HORNE, DONALD A SR</b> <input type="checkbox"/> Delete STREET ADDRESS <b>201 OAK STREET</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
TITLE	<b>D</b> <b>ROGERS, GORDON SR</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>547 JOSIE STREET</b> CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32168</b>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	<b>PD</b> <b>MUJAHID, HABIBULLAH H</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>434 N. Myrtle Ave</b> CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>		
TITLE	<b>DV</b> <b>J. B. Bragg's</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>1153 Field St.</b> CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>		
TITLE	<b>DS</b> <b>Anderson-Horne, Ella M</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>201 Oak Street</b> CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>		
TITLE	<b>DT</b> <b>Blackwood, Ronald A</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>5275 Atlantic Ave Unit 408</b> CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>		
TITLE	<b>D</b> <b>Horne, Donald A SR.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>201 Oak St</b> CITY-ST-ZIP <b>New Smyrna Beach, FL 32168</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Ellie Marie Anderson-Horne</i></u>		Date <u>4/30/07</u> Daytime Phone # <u>404-433-8258</u>	