


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 042 ****61.25

DOCUMENT # N05000011342					
1. Entity Name ANTIOCH CEMETERY ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 132 ISLAND GROVE, FL 32654		Mailing Address P. O. BOX 132 ISLAND GROVE, FL 32654			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-219013	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOLDEN, CHARLES I 2772 NW 43RD ST., SUITE 5 GAINESVILLE, FL 32606-7433			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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	Marilynn Pinner	
CITY-ST-ZIP			CITY-ST-ZIP	P.O. Box 147	
				Island Grove, FL 32654	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice-president	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Berney Lee Bass	
STREET ADDRESS			STREET ADDRESS	P.O. Box 104	
CITY-ST-ZIP			CITY-ST-ZIP	Island Grove, FL 32654	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Joseph C. Price	
STREET ADDRESS			STREET ADDRESS	P.O. Box 107	
CITY-ST-ZIP			CITY-ST-ZIP	Island Grove, FL 32654	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Sherry Lee Price	
STREET ADDRESS			STREET ADDRESS	P.O. Box 117	
CITY-ST-ZIP			CITY-ST-ZIP	Island Grove, FL 32654	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Joseph C. Price		JOSEPH C. PRICE		4/11/06 352-481-0346	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	