


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90084 024 \*\*\*\*61.25

<b>DOCUMENT # N06000002625</b>	
1. Entity Name <b>DYKES CEMETERY ASSOCIATION, INC.</b>	

Principal Place of Business <b>2445 EL BETHEL ROAD GRAND RIDGE, FL 32442</b>	Mailing Address <b>2445 EL BETHEL ROAD GRAND RIDGE, FL 32442</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PO Box 184</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Sneads, FL</b>
City & State	City & State <b>32460</b>
Zip	Country



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>77-0672362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MERCER, DOUGLAS W 4431 LAFAYETTE STREET MARIANNA, FL 32446</b>	7. Name and Address of New Registered Agent Name <b>Linda Hatcher</b> Street Address (P.O. Box Number is Not Acceptable) <b>2051 River Rd PO BOX 184</b> City <b>Sneads</b> FL Zip Code <b>32460</b>
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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 *Linda Hatcher* **Linda Hatcher**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE **4-17-07**  
**CO-Secretary/Treasure**

<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 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, JACK 2445 EL BETHEL ROAD GRAND RIDGE, FL 32442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Robbie J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7474 Howell Rd Sneads, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDEN, FAYE 1847 GULF POWER ROAD SNEADS, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McDaniel, Bobby C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 266 - Walden Rd Sneads, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORD, EUNICE H 7545 HOWELL ROAD SNEADS, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tucker, Othel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7643 Howell Rd Sneads, FL 32460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, LINDA 2051 RIVER ROAD SNEADS, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CARL G 7960 LAKE SEMINOLE ROAD SNEADS, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EDD 7336 HIGHWAY 90 GRAND RIDGE, FL 32442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Hatcher* **Linda Hatcher**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **4-17-07** Daytime Phone # **850 593-6695**  
**CO-Secretary/Treasure**