


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 042 ****61.25

DOCUMENT # N06000003098 1. Entity Name WOODBIDGE AND ALTAMONTE COMMUNITY CEMETERY INC.					
Principal Place of Business 525 SOUTH ST. FERN PARK, FL 32730			Mailing Address P.O. BOX 150095 ALTAMONTE SPRINGS, FL 32715-0095		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2569068	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRAKES, ELIZA 140 SPRING STREET ALTAMONTE SPRINGS, FL 32701				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JAMES		NAME		
STREET ADDRESS	304 MAGNOLIA STREET		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKES, ELIZA		NAME		
STREET ADDRESS	110 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, MAGNUS		NAME		
STREET ADDRESS	106 DESOTA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, CONNIE		NAME		
STREET ADDRESS	813 CAMPELLO STREET		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTICE, GLORIA		NAME		
STREET ADDRESS	107 SPRING STREET		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, FLOSSIE		NAME		
STREET ADDRESS	1051 BLAKE STREET		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		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: Magnus Nelson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Magnus Nelson, Treas. <small>Date</small>		
			4/30/2007 407-339-1457 <small>Daytime Phone #</small>		