


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N13828 1. Entity Name ANTIOCH CEMETERY, INC.	
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Principal Place of Business 1415 DEXTER ROAD NORTH PORT, FL 34288 US	Mailing Address 1415 DEXTER ROAD NORTH PORT, FL 34288 US
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DO NOT WRITE IN THIS SPACE



03272005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

RIGERS, JAMES C
9912 25TH ST. E.
PARRISH, FL 34219

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000287759
04/04/05-80081-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, JAMES C 9912 25TH STREET, E PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOMER, MARY LEE 1411 DEXTER RD NORTH PORT, FL 34288
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, CASSADY C 9912 25TH STREET PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, DOROTHY 7260 MEMORIAL DR PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James C. Rogers* **James C. Rogers** 4/2/05 941-776-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #