


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90036 025 ****61.25

DOCUMENT # N13828
 1. Entity Name
ANTIOCH CEMETERY, INC.



Principal Place of Business
 1415 DEXTER ROAD
 NORTH PORT, FL 34288 US

Mailing Address
 1415 DEXTER ROAD
 NORTH PORT, FL 34288 US

40097164



2. Principal Place of Business
 1411 Dexter Rd
 Suite, Apt. #, etc.

3. Mailing Address
 1411 Dexter Rd
 Suite, Apt. #, etc.

06162006 Chg-NP CR2E037 (4/06)

City & State
 North Port FL
 Zip 34288 Country US

City & State
 North Port, FL
 Zip 34288 Country US


4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIGERS, JAMES C
 9912 25TH ST. E.
 PARRISH, FL 34219

Name
 Street
 City

7. Name and Address of New Registered Agent

 James C. Rogers
 9912 25th St. E
 Parrish, FL 34219

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James C. Rogers* James C. Rogers DATE: June 24, 2006

Filing Fee is \$61.25
Due by September 6, 2006

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, JAMES C 9912 25TH STREET, E PARRISH, FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOMER, MARY LEE 1411 DEXTER RD NORTH PORT, FL 34288	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROGERS, CASSADY C 9912 25TH STREET PARRISH, FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, DOROTHY 7260 MEMORIAL DR PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James C. Rogers* James C. Rogers DATE: June 24, 2006 941-776-2740