2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N13828 06-27-2006 90036 025 ****61.25 ANTIOCH CEMETERY, INC. Principal Place of Business Mailing Address 1415 DEXTER ROAD 1415 DEXTER ROAD 40097164 NORTH PORT, FL 34288 NORTH PORT, FL 34288 US 2. Principal Place of Business 411 Dexte Suite, Apt. #, etc. 06162006 Chg-NP CR2E037 (4/06) 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required as and Address of Many Registered Agent 6. Name and Address of Current Registered Agent Name RIGERS, JAMES C 9912 25TH ST. E. Street PARRISH, FL 34219 James C. Rogers 9912 25th St. E City Zip Code Parrish, FL 34219 8. The above named entity submits this statement for the purpose of changing its registered office பார் பார் பார் பார் Florida. I am familiar with, and accept the obligations of registered agent Vames C. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MLE ☐ Delete TITLE Change Addition NAME ROGERS, JAMES C NAME 9912 25TH STREET, E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition COOMER, MARY LEE NAME NAME STREET ADDRESS 1411 DEXTER RD STREET ADDRESS NORTH PORT, FL 34288 CITY-ST-ZIP CITY-ST-ZIP TD TILE ☐ Defete mr ☐ Change ■ Addition NAME ROGERS, CASSADY C NAME STREET ADDRESS 9912 25TH STREET STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BROWN, DOROTHY NAME NAME STREET ADDRESS 7260 MEMORIAL DR STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-ST-70 CITY-ST-ZIP TITLE Delete TTDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

James C. Kogers

SIGNATURE: James

JUNE 24, 2006

FILED

Jun 27, 2006 8:00 am