


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 A
Secretary of State

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

Principal Place of Business 1411 DEXTER ROAD NORTH PORT, FL 34288 US	Mailing Address 1411 DEXTER ROAD NORTH PORT, FL 34288 US
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03122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIGERS, JAMES C 9912 25TH ST. E. PARRISH, FL 34219
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000674898
 03/29/07-80081-022 61.25

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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 **3/17/07** **941-776-2740**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #