# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 03, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N14922

1. Entity Name

ROBERTS CEMETERY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DAVID C. ROBERTS<br>190 PET PATCH RD.<br>WEWAHITCHKA FL 32465 | PO BOX 426<br>WEWAHITCHKA FL 32465 |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2908414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTS, DAVID C
190 PET PATCH RD.
WEWAHITCHKA FL 32465

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

stay the same as above!

SIGNATURE [redacted]

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when revising) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>ROBERTS, DAVID<br>190 PET PATCH RD.<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add<br>U00000431023<br>04/19/06-80006-004 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRIFFIN, GERALD<br>P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCDANIEL, WARD<br>P.O. BOX 823 /160 MINNIE OLA LN<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>BIDWELL, APRIL<br>111 FORT PLACE CIRCLE<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BIDWELL, DAVID<br>180 KYE'S LN.<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LESTER, JIMMY<br>P.O. BOX 413<br>WEWAHITCHKA FL 32465 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

[redacted] 3/29/06