


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N16746 1. Entity Name VICKERS CEMETERY, INC. |  |
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| Principal Place of Business P.O. BOX 541 HAVANA, FL 32333 US | Mailing Address 1806 SUNSET LANE TALLAHASSEE, FL 32303 |
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-2712517 | Applied For Not Applicable |
| 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 WARLICK, DONNA 1806 SUNSET LANE TALLAHASSEE, FL 32303 |
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**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 _____ 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. ☐ **\$5.00** May Be
Added to Fees

U00000581457
01/10/07-80089-006 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DURDEN, BOB 4120 FAIRBANKS FERRY RD HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WARLICK, DONNA 1806 SUNSET LANE TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASSIDY, ANGELA 1806 SUNSET LANE TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, VENICE 221 DOGWOOD CIRCLE HAVANA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARBER, ANNETTE 3565 CONCORD ROAD HAVANA, FL 32333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALSH, DOUGLAS 1733 BARBER ROAD HAVANA, FL 32333 |

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2007 850 545 6049
Date Daytime Phone #

Donna Warlick