

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N17216

1. Entity Name
VERDIE CEMETERY ASSOCIATION, INC.



Principal Place of Business
**13696 US HWY 301
BRYCEVILLE, FL 32009**

Mailing Address
**13696 US HWY 301
BRYCEVILLE, FL 32009**



01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2960720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, GARY
5442 GREEN AVE.
CALLAHAN, FL 32011**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1103001454357
03/15/06-80012-012 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SURRENCY, DONALD 13871 US HWY 301 BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BOYD, JAMES W 44988 GREEN MEADOWS LANE CALLAHAN, FL 32011 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ZEORLIN, BETTY 13696 US HWY 301 BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Betty W. Zeorlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty W. Zeorlin STD

Date

Daytime Phone #

2-14-06 (904) 879-3417