


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

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-24-2006 90426 003 ****61.25

DOCUMENT # N22051					
1. Entity Name SAPP CEMETERY ASSOCIATION, INC.					
Principal Place of Business NORTH SIDE OF STATE HWY. 121 P.O. BOX 641 RAIFORD FL 32083 US			Mailing Address NORTH SIDE OF STATE HWY. 121 P.O. BOX 641 RAIFORD FL 32083 US		
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 NO-T APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMAN, JOEY NORTHSIDE OF STATE HWY 121 RAIFORD FL 32083				7. Name and Address of New Registered Agent Name Audrey Abell Street Address (P.O. Box Number is Not Acceptable) 12416 NE 237th PL City Raiford FL Zip Code 32083	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW. FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTAS, JANET L		NAME	THOMAS, JANET L	
STREET ADDRESS	RT 1 BOX 10		STREET ADDRESS	Rt 1, Box 10	
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP	RAIFORD, FL 32083	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, AUDREY		NAME	ABELL, AUDREY S.	
STREET ADDRESS	PO BOX 25		STREET ADDRESS	12416 NE 237th PL	
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP	RAIFORD, FL 32083	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, DICK		NAME		
STREET ADDRESS	PO BOX 576		STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, JOEY		NAME		
STREET ADDRESS	P.O. BOX 641		STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DAN		NAME		
STREET ADDRESS	RT. 1 BOX 29		STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARTHA A		NAME		
STREET ADDRESS	RT 1 BOX 23-R		STREET ADDRESS		
CITY-ST-ZIP	RAIFORD FL 32083		CITY-ST-ZIP		
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.					
SIGNATURE: <u>Audrey S. Abell - Audrey S. Abell</u>			5/30/06 386-431-1375		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		