2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N26773

1. Entity Name
APOPKA MEMORIAL CEMETERY, INC.

Principal Place of Business	Mailing Address
5332 PINTO WAY ORLANDO, FL 32810	5332 PINTO WAY ORLANDO, FL 32810

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08312005 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-2948379	Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL, ANITA
5332 PINTO WAY
ORLANDO, FL 32810

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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 _____

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 September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SMALL, ANITA
STREET ADDRESS	5332 PINTO WAY
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	STD
NAME	BELL, REBA A
STREET ADDRESS	229 W 16TH STREET
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	YARBOUGH, KEVIN
STREET ADDRESS	229 W. 16TH ST.
CITY-ST-ZIP	APOPKA, FL
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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03/07/05-80013-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Anita Small_   8/31/05   407 297-8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #