


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT #N26773 1. Entity Name AOPKA MEMORIAL CEMETERY, INC.	
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Principal Place of Business 5332 PINTO WAY ORLANDO, FL 32810	Mailing Address 5332 PINTO WAY ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE



08312006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2948379	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, ANITA 5332 PINTO WAY ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, REBA A 229 W 16TH STREET AOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOUGH, KEVIN 229 W. 16TH ST. AOPKA, 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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09/06/06-80002-008 70.00

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: <u>Anita Small</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/30/06</u> <small>Date</small>	<u>407 297-8869</u> <small>Daytime Phone #</small>
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