

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |         |                                                                                                                                         |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # N34190</b>                                                                                                                                                                                                      |         |                                                        |         |
| 1. Entity Name<br><b>ALVA CEMETERY, INC.</b>                                                                                                                                                                                  |         |                                                                                                                                         |         |
| Principal Place of Business<br><b>2581 STYLES RD<br/>ALVA FL 33920</b>                                                                                                                                                        |         | Mailing Address<br><b>2581 STYLES RD<br/>ALVA FL 33920</b>                                                                              |         |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                |         | 3. Mailing Address                                                                                                                      |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |         | Suite, Apt. #, etc.                                                                                                                     |         |
| City & State                                                                                                                                                                                                                  |         | City & State                                                                                                                            |         |
| Zip                                                                                                                                                                                                                           | Country | Zip                                                                                                                                     | Country |
| 6. Name and Address of Current Registered Agent<br><br><b>BULL, DAVID M., JR.<br/>2581 STYLES RD<br/>ALVA FL 33920</b>                                                                                                        |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                    |         |                                                                                                                                         |         |
| DATE _____                                                                                                                                                                                                                    |         |                                                                                                                                         |         |



1st MOORE CR2E037 (10/06)

4. FEI Number **65-0152896** Applied For  
Not Applicable

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DANIELS, JAMES H.<br>19141 PERSIMMON RIDGE RD<br>ALVA FL<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>BULL, DAVID M., JR.<br>2581 STYLE RD<br>ALVA FL<br><input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>GOLDEN, AUDREY B<br>18480 PARKINSON RD<br>ALVA FL 33920<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>GOMEZ-LIPINCOTT, CHARLOTTE<br>4450 E. 23<br>ALVA FL 33920<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BERNARD, PAMELA K<br>18060 RIVERCHASE CT<br>ALVA FL 33920<br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** David M Bull Jr David M Bull Jr 1-23-07 239 728 2173