

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 19, 2005 8:00 am
Secretary of State**

01-19-2005 90004 031 ****61.25

DOCUMENT # N94000001430

1. Entity Name
DEDAN CEMETERY, INC.



Principal Place of Business
**13883 SW CR 231
BROOKER, FL 32622 US**

Mailing Address
**13883 SW CR 231
BROOKER, FL 32622 US**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
59-2763126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DYAL, MARGARET
13883 SW CR 231
BROOKER, FL 32622**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

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, 2005**

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 **D**
NAME **DOUGLAS, ERNEST M**
STREET ADDRESS **14736 SW CR 231**
CITY-ST-ZIP **BROOKER, FL 32622**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**Betty Ann Prevatt
18002 SW CR 18
Brooker, FL 32622**

TITLE **PD**
NAME **MANN, T J**
STREET ADDRESS **17833 CITY RD 18**
CITY-ST-ZIP **BROOKER, FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VD**
NAME **KELLEY, JEROME**
STREET ADDRESS **15911 SW CTY RD 231**
CITY-ST-ZIP **BROOKER, FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **MOTT, KENNETH**
STREET ADDRESS **16823 SW CTY RD 231**
CITY-ST-ZIP **BROOKER, FL 32622**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D**
NAME **VELLENGA, MARILYN**
STREET ADDRESS **11240 SW 167 AVE**
CITY-ST-ZIP **BROOKER, FL 32622**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **DST**
NAME **DYAL, MARGARET**
STREET ADDRESS **13883 SW CR 231**
CITY-ST-ZIP **BROOKER, FL 32622**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Margaret D. Dyal, Soc/200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret D. Dyal

1-14-05 352-485-1218

Date

Daytime Phone #