

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001430 1. Entity Name DEDAN CEMETERY, INC.	
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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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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, ERNEST M 14736 SW CR 231 BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, T J 17833 CITY RD 18 BROOKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, JEROME 15911 SW CTY RD 231 BROOKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTT, KENNETH 16823 SW CTY RD 231 BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLENGA, MARILYN 11240 SW 167 AVE BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DYAL, MARGARET 13883 SW CR 231 BROOKER, FL 32622

U00000459162
03/18/06-80021-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Margaret D Dyal 3-6-06 352-485-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #