

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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**



01132007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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02/12/07-80030-016 61.25

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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 Dyal* **Margaret D. Dyal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07

Date

352-485-1218

Daytime Phone #