

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000001232

1. Entity Name

ORIGINAL PALLBEARERS DISTRICT #1, INC.



Principal Place of Business

CR 136
LIVE OAK, FL

Mailing Address

2890 145TH ROAD
LIVE OAK, FL 32060-233 US



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

99-3472526

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DORE D
2890 145TH RD
LIVE OAK, FL 32060

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	ELLIS, CARBIE	
STREET ADDRESS	4600 89TH ROAD	
CITY - ST - ZIP	LIVE OAK, FL	
TITLE	D	
NAME	MARTIN, ROSA L	
STREET ADDRESS	211 TAYLOR AVE.	
CITY - ST - ZIP	LIVE OAK, FL 32060	
TITLE	D	
NAME	ELLIS, SUSIE	
STREET ADDRESS	4600 89TH RD	
CITY - ST - ZIP	LIVE OAK, FL	
TITLE	D	
NAME	BROWN, DORE	
STREET ADDRESS	2890 145TH ROAD	
CITY - ST - ZIP	LIVE OAK, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000550796
05/13/06-80075-009 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/06 386-842-5497