2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003438

1. Entity Name
SAMFORD CEMETERY ASSOCIATION INC.

Principal Place of Business	Mailing Address
5411 RUTH MORRIS ROAD WIMAUMA, FL 33598	P.O. BOX 921 WIMAUMA, FL 33598 US

03312006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3343642
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUNTING, SUSAN M
5411 RUTH MORRIS ROAD
WIMAUMA, FL 33598

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

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	PT
NAME	BUNTING, SUSAN M
STREET ADDRESS	5411 RUTH MORRIS ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	D
NAME	WILLIAMS, DEIREE
STREET ADDRESS	5411 RUTH MORRIS ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	VP
NAME	LAYTON, EDITH
STREET ADDRESS	5025 WEST TOUCHTONE ROAD
CITY-ST-ZIP	DOVER, FL
TITLE	D
NAME	FELLION, JENNIFER
STREET ADDRESS	5411 RUTH MORRIS ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	S
NAME	GIMBEL, TONYA
STREET ADDRESS	12304 YELLOW ROSE CIR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	GEYER, JODIE
STREET ADDRESS	16606 CARLION LAKE RD
CITY-ST-ZIP	LITHIA, FL

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05/30/06-80007-015 61.25

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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: Susan M. Bunting 5-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #