

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

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 029 ****70.00

DOCUMENT # N96000005484

1. Entity Name
ST. JOHN'S CEMETERY INC.



Principal Place of Business

301 NORTH G STREET
PENSACOLA, FL 32501

Mailing Address

301 NORTH G STREET
PENSACOLA, FL 32501

50026822



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0432545

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARYGARDEN, LOUIS A JR.
10100 HILLVIEW DRIVE
APT 1304
PENSACOLA, FL 32514

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAY, HERMAN K
STREET ADDRESS	2840 VALKYRY WAY
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VPD
NAME	GREEN, CHARLES
STREET ADDRESS	4560 TERRASAMT
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	STD
NAME	STEVENSON, ERIC D
STREET ADDRESS	6412 BEAUCLAIR DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	CREEL, L. E.
STREET ADDRESS	10100 HILLVIEW DRIVE
CITY-ST-ZIP	PENSACOLA, FL 325145486
TITLE	D
NAME	MAYGARDEN, LOUIS A
STREET ADDRESS	10100 HILLVIEW DRIVE
CITY-ST-ZIP	PENSACOLA, FL 325145486
TITLE	D
NAME	SPEED, JAMES H
STREET ADDRESS	2715 HEYWARD DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503

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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: Herman K. Bray (HERMAN K. BRAY)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

850-969-1322

Daytime Phone #

ATTACHMENT
N 96000005484

301 North G Street
Pensacola, FL 32501-3751

ST. JOHNS CEMETERY INC

March 8, 2005

P.O. Box 6198
Division of Corporations
Tallahassee, FL 32314

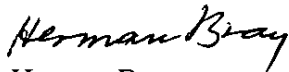
Dear Sir or Madam:

Please make the following additions to the ST. JOHNS CEMETERY, INC. ANNUAL REPORT data. The following names should be included in our list of OFFICERS and DIRECTORS.

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
D	JOSEPH Q. TARBUCK	316 N. SUNSET BLVD.	GULF BREEZE	FL	32561
D	ROBERT BROCKETT, SR.	1115 N. 19 th AVENUE	PENSACOLA	FL	32501

Thanks for your help and attention to this matter.

Sincerely,



Herman Bray
President / Director