2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000005484



FILED Feb 14, 2007 8:00 am Secretary of State

ST. JOHN	N'S CEMETERY INC.					C	2-14-2007 90	0042 009	9 ****70.0)()
Principal Place of Business Mailting Address 301 NORTH G STREET 301 NORTH G STREET PENSACOLA, FL 32501 PENSACOLA, FL 32501				- 			18445 SINT SS(1) SS(1) SS		Beits alges (8 94) 8 1	G(IEI S) (ES:
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Add	O S\$							
Suite, Apt. #, etc. S		Suite, Apt.	Suite, Apt. #, etc.			01292007	Chg-NP	CR2E	37 (12/06)	
City & State C		City & State	ity & State			4. FEI Number Applied For 59-0432545 Not Applicable				
Zip	Country	Zip	Co	ountry		5. Certificate	of Status Desired	×	\$8.75 Ad Fee Require	
6. Name and Address of Current Registere						7. Name and	Address of New I	Registered	Agent	
MARYGAE	POEN LOUIS A IR			Name						
MARYGARDEN, LOUIS A JR. 10100 HILLVIEW DRIVE APT 1304				Street Address (P.O. Box Number is Not Acceptable)						
PENSACC	DLA, FL 32514									
				City	•			FI	Zip Cod	de
the obligat	e named entity submits this statement tions of registered agent.	for the purpose of ch	nanging its registe	ered office or	registere	ed agent, or bot	h, in the State of Fi	korida. Ian	s familiar with,	, and accept
SIGNATURE										
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe	ered Agent signatu	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. E	(NOTE: Registe lection Campaign rust Fund Contribu	1 Financing		\$5.00 May B Added to Fees		Make chec	ck payable (artment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND I	9. E	ection Campaign	n Financing oution.		\$5.00 May B Added to Fees		fake chec rida Depa	ertment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. E TO	lection Campaign rust Fund Contribu 11 Delete TIT NA STI	n Financing oution.	D BR 6	\$5.00 May B Added to Fees DDITIONS/CHA	FIO ANGES TO OFFICE SR., ROB.	Make chec rida Depa ERS AND C	ertment of S	itate
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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: HERMAN K. Bray (HERMAN K. BRAY
SIGNATURE AND TYPED OR PRINTED NAME OF BICHING OFFICER OR DIRECTOR