

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**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**



03192008 No Chg-NP CR2E037 (4/06)

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BRAY, HERMAN K  
2840 VALKYRY WAY  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GREEN, CHARLES  
4560 TERRASANTA  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
STEVENSON, ERIC D  
6412 BEAUCLAIR DRIVE  
PENSACOLA, FL 32504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CREEL, L. E.  
10100 HILLVIEW DRIVE  
PENSACOLA, FL 325145486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAYGARDEN, LOUIS A  
10100 HILLVIEW DRIVE  
PENSACOLA, FL 325145486**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SPEED, JAMES H  
2715 HEYWARD DRIVE  
PENSACOLA, FL 32503**

U000000070707  
04/14/08-80065-014 70.00

**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:** Herman K. Bray (HERMAN K. BRAY)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-08  
Date

850-969-1322  
Daytime Phone #