

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000007128

1. Entity Name

PEORIA CEMETERY ASSOCIATION, INC.



Principal Place of Business

142 E JEFFERSON AVE
DOCTORS INLET FL 32030-0515

Mailing Address

P O BOX 515
DOCTORS INLET FL 32030-0515



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3223700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, JOHN S
100 W CALL ST
STARKE FL 32091

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renewing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ESTES, PAUL L
396 OLD JENNINGS RD
MIDDLEBURG FL 32058

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
RAINER, ARTHUR L
2956 OAKLAND DRIVE
GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HALL, EVELYN H
504 HURLEY ST
ORANGE PARK FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
FONVIELLE, AUDREY E
146 OLD HARD RD
ORANGE PARK FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UD0000422451
02/17/06-80016-019 61.25

TITLE
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CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Audrey H. Fonvielle* Audrey H. Fonvielle

904-264-5931