

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 044 ****70.00

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1. Entity Name
WHITE CITY CEMETERY ASSOCIATION, INC.



Principal Place of Business
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982

Mailing Address
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982

50023007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-2753972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALONE, NANCY N
3800 SUNRISE BLVD.
FORT PIERCE, FL 34982

Name
CAROL O'FARRELL

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

1321 Peppertree Trail,

Apt. B.

City
Fort Pierce

FL

Zip Code
34950

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

Carol O'Farrell

Carol O'Farrell

July 18, 2006

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 6, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME BURCHFIELD, ED
STREET ADDRESS 924C SAVANNAS POINT DRIVE
CITY - ST - ZIP FORT PIERCE, FL 34982

TITLE VP ☐ Change ☒ Addition
NAME JoAnn Molina
STREET ADDRESS 802 Florida Avenue
CITY - ST - ZIP Fort Pierce, FL 34950

TITLE VP ☐ Delete
NAME KEEN, BEVERLY
STREET ADDRESS 2020 COLONIAL RD E-3
CITY - ST - ZIP FT. PIERCE, FL 34980

TITLE ☒ Change ☐ Addition
NAME Beverly Keen
STREET ADDRESS 2020 Colonial Road, #E-3
CITY - ST - ZIP Fort Pierce, FL 34950

TITLE ☐ Delete
NAME LAUGHTON, MARY E
STREET ADDRESS 1811 44TH AVENUE
CITY - ST - ZIP VERO BEACH, FL 32966

TITLE P ☒ Change ☐ Addition
NAME Mary E. Laughton
STREET ADDRESS 1811 44th Avenue
CITY - ST - ZIP Vero Beach, FL 32966

TITLE S ☐ Delete
NAME KONOW, CHRIS
STREET ADDRESS 201 HURON WAY
CITY - ST - ZIP FORT PIERCE, FL 34946

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME JOHN, RONALD
STREET ADDRESS 4420 SW GAGNON ROAD
CITY - ST - ZIP PORT SAINT LUCIE, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: MARY E. LAUGHTON

Mary E. Laughton

7/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #