2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## FILED Jun 22, 2004 8:00 am Secretary of State DOCUMENT # P01000114654 1. Entity Name 06-22-2004 90001 027 \*\*\*150.00 OAKLYNN CEMETARY AND RESTORATION ASSOCIATION INC. Principal Place of Business Mailing Address 908 ROPER STREET POST OFFICE BOX 218 ATTN: MRS. JUANITA JACKSON NEW SMYRNA BEACH FL 32170 NEW SMYRNA BEACH FL 32168 54058374 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3718491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKŠON, JUANĪTA W Street Address (P.O. Box Number is Not Acceptable) 908 ROPER STREET **NEW SMYRNA BEACH FL 32168** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition WOODARD, MARIE W NAME NAME 539 MARY AVENUE STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME JACKSON, JUANITA W NAME 908 ROPER STREET STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH FL 32168 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition ALDERMAN, MINNIE NAME NAME 300 HICKORY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 Addition ☐ Delete TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P TITLE Change TITLE Addition Delete

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 607, 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. W. JACKSON

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRÉSS

Caty-ST-ZIP

6/04/2004-381-428-6253 00

2004 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR) Attenments DOCUMENT # P01000114654 OAKLYNN CEMETARY AND RESTORATION ASSOCIATION INC. Principal Place of Business Mailing Address 908 ROPER STREET POST OFFICE BOX 218 54058374 NEW SMYRNA BEACH FL 32168 ATTN: MRS. JUANITA JACKSON NEW SMYRNA BEACH FL 32170 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For 4. FEI Number City & State City & State 59-3718491 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, JUANITA W Street Address (P.O. Box Number is Not Acceptable) 908 ROPER STREET **NEW SMYRNA BEACH FL 32168** Zip Code City 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete WOODARD; MARIE W NAME NAME STREET ADDRESS 539 MARY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Change ☐ Addition Delete JACKSON, JUANITA W NAME NAME 908 ROPER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME ALDERMAN MINNIE 300 HICKORY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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.

Date

Daytime Phone #

Attentiment - P0/0001/4654 54058374 Ilorida Defartment. Of State Att: Glenda E HOOL Secretary (Subject) DaklyNN Cemetary AND We the memembers of the DAKlyon Cometary ARE Still having trouble trying to get NON Profit, ORANGITION, DNY afew We don't have the fiancie, to Pay \$155,00 DR 555,00 What do Whave to do, Are how to we go about getting the state To agree, of helping us to be come A NON- ROFIT. We Have dead Parents Great Parents bestele Sister Brother and Baby + ste. We would Like help in making this Oaklynd Cometary A Historian, To my Lender Standing Word Profit - is Like \$6500 OR Less, Please helf US in some way, ( thank you) MRS. JUANITA W. JACK SON (Home) 908 Roper St. IF 386-428-6253

Attendants-101000114654 54058374

Bussiness Altress Juanto W. Jack son Post office Box 218

We REChiert A Letter to PAY
A \$150 00 Sending check,
Sonny We are lete,
But we are try to get the
Morky at the time.
Thank you for your time an contourn
Mrs. Hele's Hood,
Sectetary of State
I have explain the let of
My Knowledge, looking toward.
To hear from you

Mrs. J. Jackson

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