

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000026456

1. Entity Name  
EVERGREEN MEMORIAL PARK CEMETERY, INC.



Principal Place of Business  
900 N.W. 54TH STREET  
MIAMI, FL 33127

Mailing Address  
900 N.W. 54TH STREET  
MIAMI, FL 33127



**DO NOT WRITE IN THIS SPACE**

07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0583063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEVES, RACHEL J  
900 NW 54TH ST.  
MIAMI, FL 33127

**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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REEVES, RACHEL J
STREET ADDRESS	900 N.W. 54TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	STD
NAME	REEVES, GARTH C
STREET ADDRESS	900 N.W. 54TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	D
NAME	REEVES, GARTH B
STREET ADDRESS	900 NW 54TH STREET
CITY-ST-ZIP	MIAMI, FL 33127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-06-07

Date

305-694-6210

Daytime Phone

x107