# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007 8:00 am**
**Secretary of State**
01-08-2007 90238 029 ***158.75

DOCUMENT # P98000088542

1. Entity Name
CUNNINGHAM'S FUNERAL HOME, P.A.

60000346

| Principal Place of Business | Mailing Address |
|---|---|
| 434 NW MARTIN LUTHER KING JR. AVENUE<br>OCALA, FL 34475 | 1913 NORTH W.13TH PLACE<br>OCALA, FL 34475 |

01042007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1913273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CUNNINGHAM, HELEN D
1913 N.W. 13TH PLACE
OCALA, FL 34475

**7. Name and Address of New Registered Agent**

Name ALGERNON CUNNINGHAM
Street Address (P.O. Box Number is Not Acceptable)
434 N.W. MARTIN Luther King Ave.
City Ocala FL Zip Code 34475

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 X _____ 1-4-2007
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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CUNNINGHAM, HELEN D<br>1913 N.W 13TH PLACE<br>OCALA, FL 34475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>CUNNINGHAM ALGERON<br>4287 N.W. 4th Circle<br>OCALA, FL. 34475 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CUNNINGHAM, ALGERNON<br>1913 N.W. 13TH PLACE<br>OCALA, FL 34475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>ALBERT CUNNINGHAM<br>1913 N.W. 13TH PLACE<br>OCALA, FL 34475 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>CUNNINGHAM, HELEN D<br>1913 N.W. 13TH PLACE<br>OCALA, FL 34475 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SELRETARY<br>JESSE L. BURNS JR<br>3200 N.W. 67th PLACE<br>GAINESVILLE FLORIDA 32653 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOARD OF DIRECTORS<br>HELEN D. CUNNINGHAM<br>1913 N.W. 13th Place<br>Ocala, FL. 34475 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** X _____ 732 5353 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #