

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90134 001 ****61.25
09-02-2004 90134 002 *****8.75

66433099



MOORE CR2E037 (4/04)

DOCUMENT # 716715	
1. Entity Name FT. MCCOY CEMETERY ASSOCIATION, INC.	

Principal Place of Business 11780 NE 142ND PLACE P.O. BOX 97 FT. MCCOY FL 32134	Mailing Address 11780 NE 142ND PLACE P.O. BOX 97 FT. MCCOY FL 32134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3029762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, HOYALENE P. 11780 NE 142ND PLACE FT MCCOY FL 32134
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7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> Delete
NAME	THOMAS, HOYALENE P.
STREET ADDRESS	11780 NE 142ND PLACE
CITY-ST-ZIP	FT MCCOY FL
TITLE	D <input type="checkbox"/> Delete
NAME	WELLS, DANIEL J JR
STREET ADDRESS	16701 NE 148TH TERR RD
CITY-ST-ZIP	FT MCCOY FL
TITLE	D <input type="checkbox"/> Delete
NAME	HARPER, EVELYN M
STREET ADDRESS	14620 NE 113TH TER
CITY-ST-ZIP	FT MCCOY FL
TITLE	PD <input type="checkbox"/> Delete
NAME	HALL, HARMON
STREET ADDRESS	1500 NE 59TH ST
CITY-ST-ZIP	OCALA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: HOYALENE P. THOMAS DST
Hoyalene P. Thomas 8/31/2004 (352) 236-2790