2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 718761

1. Entity Name
CROSBY LAKE CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9138 SW 71ST AVE STARKE, FL 32091 US	P.O. BOX 1209 STARKE, FL 32091 US

02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7434526
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, FREEMAN III
9138 SW 71ST AVE
STARKE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS:

TITLE	P
NAME	REGISTER, FREEMAN III
STREET ADDRESS	HAMPTON
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	GRIFFIS, CLIFF
STREET ADDRESS	ROUTE 3 BOX 1604
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	HARDY, CHASE
STREET ADDRESS	327 N. WALNUT STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	S
NAME	FUTCH, STEVEN, P.
STREET ADDRESS	514 EAST NONA STREET
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	PETELLE, KENT
STREET ADDRESS	1715 E. CALL ST.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000427744
02/21/06-80020-018 61.25

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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: _____ Pres 2/6/06 352-468-2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #