2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N10930

1. Entity Name
WEBSTER CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10898 S. HWY 471 P.O. BOX 1296 WEBSTER, FL 33597 US	P.O. BOX 933 WEBSTER, FL 33597

03292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1692170
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOBSON, SHIRLEY
10898 S. HWY 471
PO BOX 1296
WEBSTER, FL 33597

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 _____ 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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RADNEY, LILLIAN
STREET ADDRESS	8359 S R 471
CITY-ST-ZIP	WEBSTER, FL
TITLE	VD
NAME	BURTON, PENNY
STREET ADDRESS	696 E BELT AVE
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	SD
NAME	PITTS, JOANN
STREET ADDRESS	1042 CR 753-5
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	TD
NAME	SPARKMAN, MARTHA ANN
STREET ADDRESS	1623 CR 718
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	P
NAME	DODSON, SHIRLEY
STREET ADDRESS	10898 S HWY 471
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	D
NAME	WILSON, JOHN
STREET ADDRESS	P.O. BOX 632
CITY-ST-ZIP	WEBSTER, FL 33597

U00000285093
04/02/05-80032-002 61.25

DO NOT WRITE IN THIS SPACE

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: Martha Ann Sparkman 3-31-05 352/793-4036
MARTHA ANN SPARKMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #