


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90061 014 \*\*\*\*61.25

<b>DOCUMENT # N42938</b> 1. Entity Name <b>MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIATION/CORPORATION</b>			
Principal Place of Business		Mailing Address	
PO BOX 226 LECANTO FL 34460 US		PO BOX 226 LECANTO FL 34460 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VAN NESS, THOMAS M JR. ESQ</b> <b>1205 N. MEETING TREE BLVD.</b> <b>CRYSTAL RIVER FL 34429</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>
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)			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANNESS, MIKE	NAME	David Michael Hinkle
STREET ADDRESS	360 N CROFT AVE.	STREET ADDRESS	3551 N.E. 150th Ave.
CITY-ST-ZIP	INVERNESS FL 34433	CITY-ST-ZIP	Williston, FL 32696
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAYLOR, DOUGLAS	NAME	Walter Randall Van Ness
STREET ADDRESS	PO BOX 226	STREET ADDRESS	4881 E. Van Ness Rd.
CITY-ST-ZIP	LECANTO FL 34460	CITY-ST-ZIP	Hernando, FL 34442
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, DAVID	NAME	
STREET ADDRESS	3680 W STARLIGHT PATH	STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL 34461	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, CARLTON	NAME	
STREET ADDRESS	2031 HILL-N-DALE NORTH	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32317	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-3070614** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Douglas D. Naylor* *Douglas D. Naylor* 4/20/07 (352) 302-5565