

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90289 015 ****61.25

DOCUMENT # N99000000431

1. Entity Name

LEESBURG CEMETERIES, INC.



Principal Place of Business

306 THOMAS AVENUE
LEESBURG FL 34748

Mailing Address

POST OFFICE BOX 490804
LEESBURG FL 34749-0804



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-0652249

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODGE, MARY L
22562 W. LOOP ROAD
GROVELAND FL 34736

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DODGE, MARY L	
STREET ADDRESS	P.O. BOX 526	
CITY-ST-ZIP	OKAHUMPKA FL 34762-0526	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITE, LUCIA G	
STREET ADDRESS	117 W STERLING WAY	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, PAT	
STREET ADDRESS	P.O. BOX 491706	
CITY-ST-ZIP	LEESBURG FL 34749-1706	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAHS, GLORIANNE	
STREET ADDRESS	1307 S. EIGHTH ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	STIVENDER, JIM	
STREET ADDRESS	1415 PARK HOLLAND RD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DORRIS, GORDON	
STREET ADDRESS	2609 W COLONIAL ST	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Batsch	
STREET ADDRESS	19 Ginger Cir.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Hepburn	
STREET ADDRESS	1035 Veech Rd.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meredith M. Kirste	
STREET ADDRESS	803 E. Dixie Ave.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clyde White	
STREET ADDRESS	1110 Carlton	
CITY-ST-ZIP	Leesburg, FL 34748	
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 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: *MARY L DODGE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-06 352-326-9085