

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42938

**Entity Name:** MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIATION/CORPORATION

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**4668789038CC**

**Current Principal Place of Business:**

2651 E. TRUCK FARM LANE  
INVERNESS, FL 34453

**Current Mailing Address:**

2651 E. TRUCK FARM LANE  
INVERNESS, FL 34453 US

**FEI Number: 59-3070614**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VAN NESS, THOMAS MJR. ESQ  
1205 N. MEETING TREE BLVD.  
CRYSTAL RIVER, FL 34429 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name HINKLE, DAVID M  
Address 3551 NE 150TH AVE.  
City-State-Zip: WILLISTON FL 32696

Title D  
Name CROFT, DAVID  
Address 3680 W STARLIGHT PATH  
City-State-Zip: LECANTO FL 34461

Title D  
Name CHAPPELL, CARLTON  
Address 2031 HILL-N-DALE NORTH  
City-State-Zip: TALLAHASSEE FL 32317

Title D  
Name VAN NESS, WALTER R  
Address 1041 N. SABAL PALM WAY  
City-State-Zip: INVERNESS FL 34453

Title PRESIDENT  
Name CROFT, ROBERT  
Address 2651 E. TRUCK FARM LANE  
City-State-Zip: INVERNESS FL 34453

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT CROFT**

**PRESIDENT**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date