2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #702071

1. Entity Name
FLORIDA CEMETERY ASSOCIATION INC.



FILED Feb 04, 2005 8:00 am Secretary of State 02-04-2005 90041 047 ****61.25

LONIDA	CEMETERT AGGOCIATIO	ni, nic.			W						
9013 SW 78 PL P.		P.O. B	Mailing Address P.O. BOX 561008 MIAMI, FL 33256				4	0012404	ŧ		
2. Principal P	lace of Business	3. Mailir	ng Address								
Suite, Apt. #, etc.		Suite	e, Apt. #, etc.				02012005	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State					F0.4004047			oplied For	
Zip	Country	Zip		Cou	untry		5. Certificate of 5			\$8.75 Add	
	6. Name and Address of Current	Registered	i Agent	<u>. </u>	1		7. Name and Ac	idress of New Reg		Fee Require	d .
201 = 111					Name			idioso oi nen neg	1010100	igeni	·······
COLEMAN 9013 SW 7	I, PHILLIP LLOYD 78 PL		•		Street A	ddress (l	P.O. Box Number is	Not Acceptable)			
MIAMI, FL											
					City				FL	Zip Coo	e
	named entity submits this statement fo	or the purpo	se of changing its	s register	ed office or	r register	ed agent, or both, i	in the State of Fioric		 amiliar with,	and accept
the obligat	ions of registered agent.										
											1
SIGNATURE.											
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applii	cable. (NOT	E: Registere	ed Agent signali	ure required	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2005	and title if applii	9. Election Ca	mpaign f	Financing	we required	\$5.00 May Be Added to Fees		ke check	payable t	
SIGNATURE .	Filing Fee is \$61.25		9. Election Ca	mpaign f	Financing tion.		\$5.00 May Be Added to Fees	Florida	ke check a Depart	ment of S	tate
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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 of the properties, with all other like empowered.