

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 703783

1. Entity Name
SUMTERVILLE CEMETERY ASSOCIATION INC



Principal Place of Business
501 CR 527 S
PANASOFFKEE, FL 33538 US

Mailing Address
501 CR 527 S
PANASOFFKEE, FL 33538 US



06032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2869999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARSH, LINDA C.
537 CR 527 E
LAKE PANASOFFKEE, FL 33538

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	REYNOLDS, ROBERT
STREET ADDRESS	2743 COUNTY ROAD 520
CITY-ST-ZIP	SUMTERVILLE, FL
TITLE	TD
NAME	LASLEY, BARBARA M
STREET ADDRESS	15 C R 527 N
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D
NAME	MARSH, WILLIAM S
STREET ADDRESS	537 CR 527 E
CITY-ST-ZIP	PANASOFFKEE, FL
TITLE	SD
NAME	MARSH, LINDA C.
STREET ADDRESS	537 CR 527 E
CITY-ST-ZIP	PANASOFFKEE, FL
TITLE	D
NAME	HODGES, WALLACE L.
STREET ADDRESS	P.O. BOX 352 NA
CITY-ST-ZIP	PANASOFFKEE, FL
TITLE	PMD
NAME	WOODARD, KENNETH
STREET ADDRESS	501 CR 527 S
CITY-ST-ZIP	LAKE PANASOFFKEE, FL

U00000368989
06/06/05-80001-001 61.25

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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: *Kenneth R. Woodard* Kenneth R. Woodard 6/2/05 352-392-1811 ext 227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #