

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 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**



05302006 No Chg-NP CR2E037 (4/06)

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**

8. 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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000566784
06/05/06-80008-009 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Kenneth R. Woodard
Kenneth R. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/06
Date

352-793-3549
352-392-18
Daytime Phone #