

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

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90047 050 ****61.25

DOCUMENT # 704235

1. Entity Name

JONES CEMETERY ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 408
CALLAHAN FL 32011

Mailing Address

P.O. BOX 408
CALLAHAN FL 32011



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1027988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRELL, LUCY E
55404 TERRELL FARMS RD.
CALLAHAN FL 32011

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	P	<input checked="" type="checkbox"/> Delete
NAME	HAILEY, JOHN	
STREET ADDRESS	POB 5035	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEKE, LAVERNE	
STREET ADDRESS	PO BOX 92	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TERRELL, LUCY E	
STREET ADDRESS	1610 TERRELL FARMS RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WELLS, MABLE W	
STREET ADDRESS	2676 S KINGS RD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGES, KENNETH	
STREET ADDRESS	P.O. BOX 276	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Hailey	
STREET ADDRESS	POB 5035	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sidney Beck	
STREET ADDRESS	43294 RATLIFF RD	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Thornton	
STREET ADDRESS	614766 River Rd	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Howard	
STREET ADDRESS	PO BOX 1391	
CITY-ST-ZIP	Callahan FL 32011	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlie Page	
STREET ADDRESS	7739 Knoll DR. N.	
CITY-ST-ZIP	JAX, FL 32231	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Viola Kirkland	
STREET ADDRESS	45227 Robin wood Cir.	
CITY-ST-ZIP	Callahan FL 32011	

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:

[Signature]

4-1-06

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