

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90052 050 ****61.25

DOCUMENT # 705131

1. Entity Name

SILOAM CEMETERY ASSOCIATION INC.



Principal Place of Business

RR 27 BOX 608
LAKE CITY FL 32024
US

Mailing Address

RR 27 BOX 608
LAKE CITY FL 32024
US

2. Principal Place of Business

8842 SW ST RD 247

3. Mailing Address

8842 SW ST RD 247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL.

City & State

LAKE CITY FL.

Zip

32024

Country

USA

Zip

32024

Country

USA

4. FEI Number

59-1821796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES I. TERRY
RT 27 BOX 608
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

Name **JAMES I. TERRY**

Street Address (P.O. Box Number is Not Acceptable)

8842 SW ST RD 247

City

LAKE CITY

FL

Zip Code

32024

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

JAMES I. TERRY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **PD** ☐ Delete
NAME **JOHN, GENE**
STREET ADDRESS **3734 216 ST**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **DMT** ☐ Delete
NAME **TERRY, JAMES I**
STREET ADDRESS **RR 27 BOX 608**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Delete
NAME **TERRY, WAYNE M**
STREET ADDRESS **RT 27 BOX 610**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Delete
NAME **KEENE, JOHN**
STREET ADDRESS **3734 216 STREET**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **SD** ☐ Delete
NAME **TERRY, CAROL L**
STREET ADDRESS **RR 27 BOX 608**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Delete
NAME **CHUCK, CHAFIN**
STREET ADDRESS **4323 200TH ST**
CITY-ST-ZIP **LAKE CITY FL 32-0244**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **JOHN KEENE**
STREET ADDRESS **3734 216 STREET**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **DMT** ☐ Change ☐ Addition
NAME **TERRY, JAMES I.**
STREET ADDRESS **8842 SW STATE ROAD 247**
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE **D** ☐ Change ☐ Addition
NAME **TERRY, WAYNE M.**
STREET ADDRESS **9542 SW ST. RD. 247**
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Change ☐ Addition
NAME **TERRY, CAROL L.**
STREET ADDRESS **8842 SW ST RD 247**
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

JAMES I. TERRY

JAMES I. TERRY

1-31-05

386 752 3523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #