

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 712160

1. Entity Name
**WACAHOOA METHODIST CEMETERY MAINTENANCE
ASSOCIATION, INC.**



Principal Place of Business
**16424 N.W. HIGHWAY 320
MICANOPY, FL 32667 US**

Mailing Address
**16424 N.W. HIGHWAY 320
MICANOPY, FL 32667 US**



07202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2804583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, JAMES P JR
16424 N.W. HIGHWAY 320
MICANOPY, FL 32667**

**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 renewing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOYER SR, TYRIE
125 N MARKET STREET
JACKSONVILLE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, C M
RT 1 BOX 350 CO RD 320
MICANOPY, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SMITH, JAMES P. JR.
16424 N.W. HIGHWAY 320
MICANOPY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000373949
07/22/05-80002-006 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/05 (352) 538-1708