

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2007 08:00
Secretary of State

DOCUMENT # 712160

1. Entity Name
**WACAHOOTA 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**



05232007 No Chg-NP

CR2E037 (4/06)

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

U000000765318
05/31/07-80034-020 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 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: *James P. Smith Jr* **James P. Smith Jr** *5/22/07* *352-528-0096*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #