


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

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90097 026 \*\*\*\*61.25

<b>DOCUMENT # 729809</b>			
1. Entity Name <b>MT. TABOR CEMETERY ASSOCIATION, INC.</b>			
Principal Place of Business <b>COLUMBIA COUNTY LAKE CITY FL 32055</b>		Mailing Address <b>156 NW IRMA AVE. LAKE CITY FL 32055</b>	
2. Principal Place of Business		3. Mailing Address <b>991 SE Cline Feagle Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>LAKE City, FL</b>	
Zip	Country	Zip	Country
		<b>32025</b>	<b>USA</b>
4. FEI Number <b>23-7384174</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>BROWN, IRMA J. 106 N. 4TH ST LAKE CITY FL 32055</b>		7. Name and Address of New Registered Agent Name <b>Janice W. Feagle</b> Street Address (P.O. Box Number is Not Acceptable) <b>991 SE Cline Feagle Rd</b> <b>Lake City</b> City <b>FL</b> Zip Code <b>32025</b>	
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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 *Janice W Feagle* Secretary-Treasurer 3-30-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JONES, GLENN I</b> <b>144 SW BUTLER GLEN</b> <b>LAKE CITY FL 32025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Leanne Philpot</b> <b>5207 SW County Rd..240</b> <b>Lake City, FL 32024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BY D</b> <b>BROWN, IRMA J</b> CHANGE <input type="checkbox"/> Delete <b>156 NW IRMA AVE.</b> <b>LAKE CITY FL 32055</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lisa E. Busscher</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>70030 SW Tuskenuggee Dr.</b> <b>Lake City, FL 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D V-P</b> CHANGE <input type="checkbox"/> Delete <b>FEAGLE, LEROY</b> <b>ROUTH 15, BOX 4400</b> <b>LAKE CITY FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charles Peeler</b> <b>2054 SW Dairy St</b> <b>Lake City, FL 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>FEAGLE, LEON</b> <b>RT. 2 BOX 362</b> <b>LAKE CITY FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BROWN, GENEVIEVE S.</b> <b>RT. 20, BOX 1260</b> <b>LAKE CITY FL 32024</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> ADDITION <input type="checkbox"/> Delete <b>Janice W. Feagle</b> <b>991 SE Cline Feagle Rd</b> <b>Lake City, FL 32025</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice W Feagle* 3-30-05 386-752-1219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #