


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90164 004 \*\*\*\*70.00

DOCUMENT # 729809 1. Entity Name MT. TABOR CEMETERY ASSOCIATION, INC.	
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Principal Place of Business COLUMBIA COUNTY LAKE CITY, FL 32055	Mailing Address 991 SE CLINE <del>EAGLE RD</del> Feagle Rd LAKE CITY, FL 32025
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 23-7384174	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FEAGLE, JANICE W  
 991 SE CLINE ~~EAGLE RD~~ Feagle Rd  
 LAKE CITY, FL 32025

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	P JONES, GLENN I 144 SW BUTLER GLEN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, IRMA J 156 NW IRMA AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEAGLE, LEROY ROUTH 15, BOX 4400 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILPOT, LEANNE 5207 SW COUNTY RD 240 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSSCHER, LISA E 70030 SW TUSKENUGGEE DR LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEAGLE, JANICE W 991 SE CLINE <del>EAGLE RD</del> Feagle Rd. LAKE CITY, FL 32025

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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: Janice W Feagle Date: 1-6-06 Daytime Phone #: 386-752-1219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR