


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 018 ****61.25

DOCUMENT # 729809

1. Entity Name
MT. TABOR CEMETERY ASSOCIATION, INC.



Principal Place of Business
COLUMBIA COUNTY
LAKE CITY, FL 32055

Mailing Address
991 SE CLINE EAGLE RD
LAKE CITY, FL 32025

20007209



2. Principal Place of Business - No P.O. Box #
Cline Feagle Rd

3. Mailing Address
991 SE Cline Feagle Rd

Suite, Apt. #, etc.

02282007 Chg-NP CR2E037 (12/06)

City & State
Lake City, Fla

City & State
Lake City, FL

Zip
32025

Country
Columbia

Zip
32025

Country
Columbia

4. FEI Number
23-7384174

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FEAGLE, JANICE W
991 SE CLINE FEAGLE RD
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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* DATE **3-3-07**

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 May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, GLENN I 144 SW BUTLER GLEN LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, IRMA J 156 NW IRMA AVE. LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEAGLE, LEROY ROUTH 15, BOX 4400 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILPOT, LEANNE 5207 SW COUNTY RD 240 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSSCHER, LISA E 70030 SW TUSKENUGGEE DR LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FEAGLE, JANICE W 991SE CLINE FEAGLE RD. LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 **3-3-07** DAYTIME PHONE # **386-752-1219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #