## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 729809  1. Entity Name MT. TABOR CEMETERY ASSOCIATION, INC.				03-16-2007 90027 018 ****61.25			
COLUMBIA COUNTY 991		Mailing Address 991 SE CLINE EAGLE RD ŁAKE CITY, FL 32025	·	1 (68)41 18818 11818	2908) 		
2. Principal P	lace of Business - No P.Q.Box #,	3. Mailing Address.	eagle Rd				
Suite. Apt.	#, etc	Suite, Apt. #, etc.	<del> </del>	02282007 CI	ig-NP	CR2E037 (12/06)	)
City & State	City Fla	Lake City	FI	4. FEI Number 23-738417	4	<u> </u>	Applied For Not Applicable
Zip 320	25 Columbia		ol (Mbia	5. Certificate of St	atus Desired	□ \$8.75 A Fee Requi	
<del>-</del>	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New I	Registered Agent	<del></del>
Name							
FEAGLE, JANICE W 991 SE CLINE FEAGLE RD LAKE CITY, FL 32025			Street Address	s (P.O. Box Number is I	Vot Acceptabl	e)	
	,						
			City			FL Zip Co	ode
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regist	tered agent, or both, in	the State of Fl	orida. I am familiar wit	h, and accept
the obligat	ions of registered agent.						
-		1 /					
CIONATURE	brice W 3	eagle			ي	5-3-07	
SIGNATURE .	Sanice W 3	eagle and title if in licable (NOTE: F	Registered Agent signature requi	ired when reinstating)		5-3-07 DATE	
SIGNATURE .	Sonture, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if the licable (NOTE: F	paign Financing	ired when reinstating) \$5.00 May Be Added to Fees	N	DATE  DATE  Alake check payable rida Department of	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	N Flo	DATE	State
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	N Flo	DATE flake check payable rida Department of	State IN 10
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LAKE CITY, FL 32025

Janier W Lead of STATE OF DIRECTOR

3-3-07

386-752-1219

Daytim