


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 009 ****61.25

DOCUMENT # 729809					
1. Entity Name MT. TABOR CEMETERY ASSOCIATION, INC.					
Principal Place of Business CLINE FEAGLE RD LAKE CITY, FL 32025			Mailing Address 991 SE CLINE EAGLE RD LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7384174	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEAGLE, JANICE W 991 SE CLINE FEAGLE RD LAKE CITY, FL 32025			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GLENN I		NAME	Leroy Feagle	
STREET ADDRESS	144 SW BUTLER GLEN		STREET ADDRESS	423 SW Cannon Creek Dr.	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	Lake City, Fl 32024	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, IRMA J		NAME	Glenn I. Jones	
STREET ADDRESS	156 NW IRMA AVE.		STREET ADDRESS	144 SW Butler Glen	
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP	Lake City, Fl 32025	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEAGLE, LEROY		NAME	Keith Feagle	
STREET ADDRESS	ROUTH 15, BOX 4400		STREET ADDRESS	423 SW Cannon Creek Dr.	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	Lake City, Fl 32024	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILPOT, LEANNE		NAME		
STREET ADDRESS	5207 SW COUNTY RD 240		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSCHER, LISA E		NAME		
STREET ADDRESS	70030 SW TUSKENUGGEE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEAGLE, JANICE W		NAME		
STREET ADDRESS	991SE CLINE FEAGLE RD.		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		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: <u>Janice W Feagle</u>		Date: <u>2-5-08</u>		Daytime Phone #: <u>386-752-1219</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					