

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729809

FILED
Feb 09, 2011
Secretary of State

Entity Name: MT. TABOR CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

SE CLINE FEAGLE RD
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

991 SE CLINE FEAGLE RD
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 23-7384174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEAGLE, JANICE W
991 SE CLINE FEAGLE RD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: FEAGLE, LEROY
Address: 423 SW CANNON CREEK DR.
City-St-Zip: LAKE CITY, FL 32024

Title: VP
Name: JONES, GLENN I
Address: 144 SW BUTLER GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: D
Name: FEAGLE, KEITH
Address: 423 SW CANNON CREEK DR.
City-St-Zip: LAKE CITY, FL 32024

Title: D
Name: PHILPOT, LEANNE
Address: 5207 SW COUNTY RD 240
City-St-Zip: LAKE CITY, FL 32024

Title: D
Name: BUSSCHER, LISA E
Address: 70030 SW TUSKENUGGEE DR
City-St-Zip: LAKE CITY, FL 32024

Title: ST
Name: FEAGLE, JANICE W
Address: 991SE CLINE FEAGLE RD.
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANICE W. FEAGLE

ST

02/09/2011

Electronic Signature of Signing Officer or Director

Date