

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 734060

1. Entity Name

SPRUELL CEMETERY ASSOCIATION OF CANTONMENT, INC.



Principal Place of Business

% STINEBISER, JAMES H.
2845 PINE FORREST RD
CANTONMENT FL 32533
US

Mailing Address

% STINEBISER, JAMES H.
2845 PINE FORREST RD
CANTONMENT FL 32533
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3014167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERNEST, HANNERS
2845 PINE FORREST ROAD
CANTONMENT FL 32533

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

Ernestine Hanners

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 28, 2005

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HANNERS, ERNESTINE H | |
| STREET ADDRESS | 2845 PINEFOREST RD. | |
| CITY- ST- ZIP | CANTONMENT FL 32533 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HALFACE, CYNTHIA | |
| STREET ADDRESS | 1010 HWY 277 A | |
| CITY- ST- ZIP | CANTONMENT FL 32533 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOCKRIDGE, REGINALD | |
| STREET ADDRESS | 202 JONAH ST | |
| CITY- ST- ZIP | CANTONMENT, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALFACRE, CYNTHIA | |
| STREET ADDRESS | 214 BOOTH AVE. | |
| CITY- ST- ZIP | CANTONMENT FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NORTON, ERNEST | |
| STREET ADDRESS | 209 BOOTH AVE. | |
| CITY- ST- ZIP | CANTONMENT FL | |
| TITLE | I | <input type="checkbox"/> Delete |
| NAME | HANNES, ERNESTINE | |
| STREET ADDRESS | 2845 PINE FOREST RD | |
| CITY- ST- ZIP | CANTONMENT FL 32533 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ernestine Hanners

SIGNATURE AND TYPED, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05

Date

8504771598

Daytime Phone #