

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90035 013 ****61.25

DOCUMENT # 738819

1. Entity Name

SANTA FE CEMETERY, INC.



Principal Place of Business

27047 41ST RD
BRANFORD FL 32008
US

Mailing Address

27047 41ST RD
BRANFORD FL 32008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2163582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, RAY E
110 NE 5TH ST
P.O. BOX 98
WILLISTON FL 32696

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input checked="" type="checkbox"/> Delete
NAME	SANDLIN, ROLAND M.	
STREET ADDRESS	27047 41ST RD	
CITY-ST-ZIP	BRANFORD FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	SANDLIN, MYRTLE	
STREET ADDRESS	27047 41ST RD.	
CITY-ST-ZIP	BRANFORD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANNON, DC	
STREET ADDRESS	2216 N.E. 49TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVERY, J. W	
STREET ADDRESS	1606 NW 122ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANDLIN, VIRGIL	
STREET ADDRESS	P.O. BOX 85	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOP, ARCHIE	
STREET ADDRESS	3906 256TH ST.	
CITY-ST-ZIP	O'BRIEN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Tidwell	
STREET ADDRESS	24472-SR247	
CITY-ST-ZIP	O'Brien, FL 32078	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wallace Dicks	
STREET ADDRESS	3323 256th St	
CITY-ST-ZIP	O'Brien, FL 32071	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Myrtle H. Sandlin Myrtle SANDLIN 2-23-04 935-1082