

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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90087 014 \*\*\*\*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

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

**THOMAS, RAY E**

**110 NE 6TH ST**

**P.O. BOX 98**

**WILLISTON FL 32696**

**3259 West Bryant Ave**

**P.O. Box 39**

**Bell, FL 32619**

Name

**Ray E. Thomas**

Street Address (P.O. Box Number is Not Acceptable)

**3259 West Bryant Avenue**

City

**Bell**

**FL**

Zip Code

**32619**

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

*Ray E. Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

**4.13.05**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DICKS, WALLACE**  
CITY-ST-ZIP **3323 256TH ST  
O BRIEN FL 32071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TS**  
STREET ADDRESS **SANDLIN, MYRTLE**  
CITY-ST-ZIP **27047 41ST RD.  
BRANFORD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **CANNON, DC**  
CITY-ST-ZIP **2216 N.E. 49TH ST.  
OCALA FL**

TITLE ☒ Change ☐ Addition  
NAME **VP**  
STREET ADDRESS **W.E. BRYANT**  
CITY-ST-ZIP **6688 Cabell Dr.  
Jacksonville, FL 32226**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AVERY, J. W**  
CITY-ST-ZIP **1606 NW 122ND ST  
GAINESVILLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SANDLIN, VIRGIL**  
CITY-ST-ZIP **P.O. BOX 85  
CEDAR KEY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **COOP, ARCHIE**  
CITY-ST-ZIP **3906 256TH ST.  
O'BRIEN FL**

TITLE ☐ Change ☐ 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:

*Myrtle Sandlin*

**MYRTLE SANDLIN - 4-28-05**

*Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Thomas*