

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 741283

1. Entity Name
WILLIAMS CEMETERY ASSOCIATION, INC.



Principal Place of Business
**10550 FT. KING RD.
DADE CITY, FL 33525 US**

Mailing Address
**10550 FT. KING RD.
DADE CITY, FL 33525 US**



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1751134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUMNER, ROBERT D
14150 6 STREET
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GASKIN, MONROE
10231 CURLEY ROAD
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BOHANNON, GLORIA
10000 FT KING RD
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEW, WILBUR I.
10550 FT KING RD
DADE CITY, FL 33525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GASKIN, DAVID
8833 HANDEART RD.
ZEPHYRHILLS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000279046
03/28/05-80053-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Wilbur Dew
Wilbur Dew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #