

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 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**



02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1751134	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SUMNER, ROBERT D
14150 8 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PO GASKIN, MONROE 10231 CURLEY ROAD SAN ANTONIO, FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO BOHANNON, GLORIA 10000 FT KING RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEW, WILBUR L. 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	

100000484946
04/12/06 80063-007 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)(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: *Wilbur Dew*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #