

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90383 049 ****61.25

DOCUMENT # 746117

1. Entity Name

**CORINTH CHURCH CEMETERY ASSOCIATION,
INCORPORATED**



Principal Place of Business

P O BOX 1212
LAKE CITY FL 32056
US

Mailing Address

P O BOX 1212
LAKE CITY FL 32056
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

51-0183253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**OGDEN, MARGIE
RT 17, BOX 1688
LAKE CITY FL 32055**

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

Margie Ogden

Margie Ogden

4-14-04

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** ☐ Delete
NAME **NORTH, JIM**
STREET ADDRESS **RT 11 BOX 360-A**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **VD** ☐ Delete
NAME **SPRADLEY, STEVE**
STREET ADDRESS **RT 16 BOX 662**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **DT** ☐ Delete
NAME **OGDEN, MARGIE**
STREET ADDRESS **RT 17 BOX 1688**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **DS** ☐ Delete
NAME **MCDONALD, ETHEL**
STREET ADDRESS **1320 ALAMO DR**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **DP** ☐ Delete
NAME **GREEN, EARL**
STREET ADDRESS **P O BOX 3442**
CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **548 NW JOHN POND COURT.**
CITY-ST-ZIP

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

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

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:

Margie Ogden

MARGIE OGDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

386-755-9248

Daytime Phone #