

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-03-2005 90051 024 \*\*\*\*61.25

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02012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 746117</b> 1. Entity Name <b>CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>P O BOX 1212 LAKE CITY, FL 32056 US</b>			Mailing Address <b>P O BOX 1212 LAKE CITY, FL 32056 US</b>		
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 <b>51-0183253</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OGDEN, MARGIE RT 17, BOX 1688 LAKE CITY, FL 32055</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>548 NW JOHN POND COURT</b> City <b>LAKE CITY</b> <b>FL</b> Zip Code <b>32055</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NORTH, JIM RT 11 BOX 360-A LAKE CITY, FL 32024</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3740 NW Archer St, Apt. 102 Lake City, FL 32055</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SPRADLEY, STEVE RT 16 BOX 662 LAKE CITY, FL 32055</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT OGDEN, MARGIE 548 NW JOHN POND COURT LAKE CITY, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MCDONALD, ETHEL 1320 ALAMO DR LAKE CITY, FL 32025</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>871 SW Alamo Drive Lake City, FL 32025</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GREEN, EARL P O BOX 3442 LAKE CITY, FL 32056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Margie Ogden</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/1/2005</b> <small>Date</small>		<b>386-755-8248</b> <small>Daytime Phone #</small>	