


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 746117 1. Entity Name CORINTH CHURCH CEMETERY ASSOCIATION, INCORPORATED	
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Principal Place of Business 336 NW CORINTH DR LAKE CITY, FL 32055 US	Mailing Address P O BOX 1212 LAKE CITY, FL 32056 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0183253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OGDEN, MARGIE
NORTHWEST JOHN POND COURT
LAKE CITY, FL 32055

**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 reconstituting)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, JIM 3740 NORTHWEST ARCHER STREET #102 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPRADLEY, STEVE 8232 N US HWY 441 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OGDEN, MARGIE 548 NW JOHN POND COURT LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MELLO, KEDRA 128 SW VERNON WAY LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, J D 1613 E DUVAL ST LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000797519
01/29/08-80076-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-24-08 (386) 755-8248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #