


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90446 028 ****61.25

DOCUMENT # 747737			
1. Entity Name OLD PROVIDENCE CEMETERY ASSOCIATION, INC.			
Principal Place of Business RT. 3, BOX 168 LAKE BUTLER FL 32054 US		Mailing Address RT. 3, BOX 168 LAKE BUTLER FL 32054 US	
2. Principal Place of Business 8515 SE CR 245		3. Mailing Address 8515 SE CR 245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FLORIDA		City & State LAKE CITY, FLORIDA	
Zip 32025	Country COLUMBIA	Zip 32025	Country COLUMBIA
6. Name and Address of Current Registered Agent BIELLING, PAULINE C C.R. N. 241 RT. 3, BOX 168 LAKE BUTLER FL 32054		7. Name and Address of New Registered Agent Name Wm Brown, William F Street Address (P.O. Box Number is Not Acceptable) 8515 SE CR 245 City LAKE CITY FL Zip Code 32025	
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 William F Brown DATE 27 April 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BIELLING, CARL RT. 3 BOX 168 LAKE BUTLER FL 32054 <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	T TANNER, CARL RT 3, BOX 210 LAKE BUTLER FL 32054 <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	T CLYATT, GLENN RT 2, BOX 420 LAKE BUTLER FL 32054 <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	TD SMITH, WILBUR CARL RT. 5 BOX 4800 LAKE BUTLER FL 32054 <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	T TUGGLE, JACK RT. 3 BOX 296 LAKE BUTLER FL 32054 <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	ST BIELLING, PAULINE C RT. 3, BOX 168 - (C.R. N. 241 LAKE BUTLER FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Wm Brown, William F 8515 SE CR 245 LAKE CITY, FL 32025 <input checked="" 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.

SIGNATURE: **William F Brown** **27 April 2005** **(386) 754-4360**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #