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

## Feb 07, 2004 08:00 AM Secretary of State **DOCUMENT # 748868** 1. Entity Name ROSE CEMETERY ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 1634 TARPON SPRINGS FL 34688-1634 312 E HARRISON ST TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 26-3741061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUARTERMAN, ALFRED Street Address (P.O. Box Number is Not Acceptable) 7704 GREYBRICH TERRACE PORT RICHEY FL 34668 Zip Code FL 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 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORTNER-JOHNSON, SHARI U00000039750 NAME NAME 3116 LUDLOW DRIVE 02/09/04-80018-013 70.00 STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete ☐ Chance ☐ Addition MILLER, FRANK C NAME 3636 LATIMER STREET STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34652 CITY - ST - ZIP CITY - ST - ZIP TIT) F ☐ Delete TITLE ☐ Change Addition WILSON, JANIE J NAME NAME 320 HARRISON ST STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 00000 CITY-ST-7IP CITY-ST-7IP **1111** ☐ Delete Table ☐ Change ☐ Addition QUARTERMAN, ALFRED NAME NAME 7704 GREYBRICH TERRACE STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HICKS, BOBBIE L NAME NAME 426 OAKWOOD STREET STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP CITY- ST- ZIP TETLE Delete TITLE ☐ Change ☐ Addition MCNEAL, STANLEY NAME NAME 312 E MT LUTHER KING DR STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689

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 attachy gent with an address, with all other like empowered.

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

FILED