

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 750253

1. Entity Name
BETHLEHEM MEMORIAL CEMETERY, INC.



Principal Place of Business
**#3 ALBRITTON RD.
ALTURAS, FL 33820**

Mailing Address
**PO BOX 256
ALTURAS, FL 33820**



04292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2000854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALBRITTON, NICHOLAS F
3 ALBRITTON ROAD
ALTURAS, FL 33820**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000950481
06/03/08-80063-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MANUEL, GAIL A 4116 16TH AVE., W. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALBRITTON, LOUISE 6655 ALBRITTON RD MULBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENTON, URIEL 624 NORTH OAK AVE FT MEADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ALBRITTON, NICHOLAS F #3 ALBRITTON ROAD ALTURAS, FL 33820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WYNN, WILLIAM C 6516 BETHLEHEM RD. MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Nicholas F Albritton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nicholas F Albritton, Treasurer

4/30/08
Date

863-537-1343
Daytime Phone #