



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90007 043 \*\*\*\*61.25

<b>DOCUMENT # 751755</b> 1. Entity Name <b>CONNER CEMETERY ASSOCIATION, INC.</b>					
Principal Place of Business <b>ROUTE 1, BOX 814</b> <b>C/O CHARLES HUTCHESON</b> <b>STARKE, FL 32091</b>			Mailing Address <b>ROUTE 1, BOX 814</b> <b>C/O CHARLES HUTCHESON</b> <b>STARKE, FL 32091</b>		
2. Principal Place of Business <b>1298 Raiford Rd</b> Suite, Apt. #, etc. <b>C/O STEPHEN L. CONNER</b> City & State <b>STARKE Florida</b> Zip <b>32091</b>		3. Mailing Address <b>1298 Raiford Rd</b> Suite, Apt. #, etc. <b>C/O STEPHEN L. CONNER</b> City & State <b>STARKE Florida</b> Zip <b>32091</b>		<b>44049408</b> 	
4. FEI Number <b>59-2153973</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>COOPER, JOHN S</b> <b>100 WEST CALL STREET</b> <b>STARKE, FL 32091</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>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	D ALVAREZ, OWEN R JR ROUTE 4, BOX 241 N/A STARKE, FL 32091	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHEN L. CONNER 1298 Raiford Rd STARKE FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHESON, CHARLES S.R. 230 EAST, RT. 1 BOX 814 N/A STARKE, FL	<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	SD TILLEY, SUE 831 W EDWARDS RD STARKE, FL 32091	<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	D TATUM, TOM J 22648 CO. RD. 200-A P.O. DRAWER A LAWTEY, FL 32058	<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	PD WHITEHEAD, BRENDA SR 235, RT. 1 BOX 538 N/A 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 CRAWFORD, WILLIAM D RT 1 BOX 487 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, WILLIAM D RT 1 BOX 487 LAKE BUTLER, FL 32054	<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.					
<b>SIGNATURE: Stephen L. Conner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5-4-04</b> <small>Date</small>		<b>904-964-7557</b> <small>Daytime Phone #</small>