

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751755

FILED
Mar 09, 2005
Secretary of State

Entity Name: CONNER CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

1298 RAIFORD RD
C/O STEPHEN L. CONNER
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

1298 RAIFORD RD
C/O STEPHEN L. CONNER
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-2153973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, JOHN S
100 WEST CALL STREET
STARKE, FL 32091 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CONNER, STEPHEN L
Address: 1298 RAIFORD RD
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: HUTCHESON, CHARLES
Address: S.R. 230 EAST, RT. 1 BOX 814 N/A
City-St-Zip: STARKE, FL

Title: SD () Delete
Name: TILLEY, SUE
Address: 831 W EDWARDS RD
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: TATUM, TOM J
Address: 22648 CO. RD. 200-A P.O. DRAWER A
City-St-Zip: LAWTEY, FL 32058

Title: PD () Delete
Name: WHITEHEAD, BRENDA
Address: SR 235, RT. 1 BOX 538 N/A
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: CRAWFORD, WILLIAM D
Address: RT 1 BOX 487
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L CONNER

TD

03/09/2005

Electronic Signature of Signing Officer or Director

Date