

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

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90058 031 \*\*\*\*61.25

**DOCUMENT # 756955**

1. Entity Name

OAK RIDGE CEMETERY ASSOCIATION, INC.



Principal Place of Business

2512 TOMOKA AV TITUSVILLE  
TITUSVILLE FL 32780

Mailing Address

2512 TOMOKA AV  
TITUSVILLE FL 32780

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2921541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCARBOROUGH, TRUMAN JR.  
239 HARRISON STREET  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FAYSON, GEORGE ☐ Delete  
STREET ADDRESS 2512 TOMOKA AVENUE  
CITY-ST-ZIP TITUSVILLE FL

TITLE T  
NAME BELL, EVELYN ☐ Delete  
STREET ADDRESS 708 S DELEON AVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE D  
NAME JENKINS, CHARLES E JR ☐ Delete  
STREET ADDRESS 2184 HERITAGE DRIVE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D  
NAME WILSON, ALFONSO ☐ Delete  
STREET ADDRESS 3614 PARRISH ROAD  
CITY-ST-ZIP MIMS FL

TITLE VP  
NAME WILLIAMS, HOSEA ☐ Delete  
STREET ADDRESS 1785 S EDEN CIR  
CITY-ST-ZIP TITUSVILLE FL

TITLE S  
NAME EDMONDSON, CURLEY L ☐ Delete  
STREET ADDRESS PO BOX 1934  
CITY-ST-ZIP TITUSVILLE FL 32796

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*George L. Fayson* 3-22-04 (321) 267-6749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #