


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 760125
 1. Entity Name
JONESVILLE COMMUNITY CEMETERY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % JUDY DURANNC E P.O. BOX 81
 24914 N.W. 2ND AVE NEWBERRY, FL 32669 US
 NEWBERRY, FL 32669 US

DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2149050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BATES, VALENTINE C
 1511 N.W. 6TH STREET
 GAINESVILLE, FL 32601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000112836
 04/14/04-00039-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCELROY, STEVE 727 SW 186TH ST NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DURRANCE, JUDY 24914 NW 2ND AVE NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HINES BLANCHE, 19504 SW 46TH AVE NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOALS, MARJORIE 9315 SW ARCHER RD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCELROY, STEVE 727 SW 186TH ST NEWBERRY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Judy Durrannc e - Judy Durrannc e 352-472-2269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-13-04 Daytime Phone #