

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 770403

1. Entity Name
MACEDONIA CEMETERY ASSOCIATION, INC.



Principal Place of Business
**6078 HARLEY THRIFT RD
MACCLENNY, FL 32063**

Mailing Address
**6078 HARLEY THRIFT RD
MACCLENNY, FL 32063**



02042006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RHODEN, WARREN F
6078 HARLEY THRIFT RD
MACCLENNY, FL 32063**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRKLAND, WINDELL S
6031 WINDELL KIRKLAND RD
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNES, ELGIN J.
177 N. 1ST ST.
MACCLENNY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RHODEN, WARREN F
6078 HARLEY THRIFT ROAD
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REWIS, DAVID C.
15410 N STATE ROAD 121
MACCLENNY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIGERS, RALPH C.
15001 N STATE RD 121
MACCLENNY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIRKLAND, FRED P
5817 FARMVIEW LANE
MACCLENNY, FL 32063**

000000427716
02/21/06-80019-015 61.25

**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: Warren F. Rhoden Warren F. Rhoden 2-6-06 904-259-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #