

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 034 ****61.25

DOCUMENT # N00176

1. Entity Name

THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.



Principal Place of Business

9900 PELOTE CEMETERY ROAD
LITHIA FL 33547

Mailing Address

1931 JAUDON ROAD
DOVER FL 33527

00041001



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2384574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASTINGER, G. OSCAR
1931 JAUDON RD.
DOVER FL 33527

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LASTINGER, G. OSCAR | |
| STREET ADDRESS | 1931 JAUDON RD. | |
| CITY-ST-ZIP | DOVER FL 33527 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SUMNER, EMMETT D | |
| STREET ADDRESS | 4815 GRAPE MYRTLE LANE | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | SURRENCY, TROY E | |
| STREET ADDRESS | 9917 HIGHWAY 39 SOUTH | |
| CITY-ST-ZIP | LITHIA FL 33547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PIERCE, BARBARA | |
| STREET ADDRESS | 10237 BRYANT RD | |
| CITY-ST-ZIP | LITHIA FL 33547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOPE, GEORGE D | |
| STREET ADDRESS | 10540 BROWNING RD | |
| CITY-ST-ZIP | LITHIA FL 33547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, DAVID E | |
| STREET ADDRESS | 9909 HARTER SMITH DR | |
| CITY-ST-ZIP | LITHIA FL 33547 | |

| | | |
|----------------|---------------------|---|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MIKE SURRENCY | |
| STREET ADDRESS | 9937 HWY 39 SO. | |
| CITY-ST-ZIP | LITHIA, FL 33547 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOM BOYETTE | |
| STREET ADDRESS | 101 SHAREWOOD DRIVE | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MRS JANICE HARTLEY | |
| STREET ADDRESS | P.O. BOX 549 | |
| CITY-ST-ZIP | LITHIA, FL 33547 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Troy Surrency

TROY SURRENCY

02-25-05

(813) 737-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #