

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90129 023 \*\*\*\*\*61.25

**DOCUMENT # N01000002372**

1. Entity Name

**ANDERSON FAMILY CEMETERY ASSOCIATION, INC.**



Principal Place of Business

**8505 CEDAR POINT RD  
JACKSONVILLE FL 32226**

Mailing Address

**8505 CEDAR POINT RD  
JACKSONVILLE FL 32226**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 26034**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jax FL 32226**

Zip

Country

Zip

Country

4. FEI Number **13-4205196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHARP, MARQUETTA  
8505 CEDAR POINT RD  
JACKSONVILLE FL 32226**

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 **Vicki Nelson**  
Signature, typed or printed name of registered agent and title if applicable.

**Vicki Nelson Treas 5/15/03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
NAME **SHARP, MARGUITTA**  
STREET ADDRESS **8505 CEDAR PT RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GEOGHAGAN, LANA E**  
STREET ADDRESS **10131 ALLENE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DAVIDSON, KENNETH W**  
STREET ADDRESS **6250 SPRING HAMMOCK**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **Vicki Nelson**  
STREET ADDRESS **1654 Cedar Bay Rd**  
CITY-ST-ZIP **Jax FL 32218 Treas**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: **Vicki Nelson Treas. Vicki Nelson 05/15/03 9043082828**

CR2E037 (10/02)