

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

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90024 029 \*\*\*\*61.25

**DOCUMENT # N01000007779**

1. Entity Name

THE QUEEN COX LIMESTONE CEMETERY TRUST, INC.



Principal Place of Business

1538 VALLEY RD  
TALLAHASSEE FL 32301

Mailing Address

1538 VALLEY RD  
TALLAHASSEE FL 32301

94040376



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

90-6002802

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BILBO, SHIRLEY  
1538 VALLEY RD  
TALLAHASSEE FL 32301

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 ☒ Delete  
NAME **D Roberts**  
STREET ADDRESS **CALDER, SANDRA R**  
CITY-ST-ZIP **1906 MASON RIDGE DR**  
**DEMOPOLIS AL 32732**

TITLE ☐ Delete  
NAME **BILBO, SHIRLEY**  
STREET ADDRESS **1538 VALLEY RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete  
NAME **WARD, L L**  
STREET ADDRESS **6125 HWY 181 EAST**  
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE ☐ Delete  
NAME **COX, JOEL M**  
STREET ADDRESS **5106 ENCHANTED TIMBERS**  
CITY-ST-ZIP **HUMBLE TX 77346**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

*Shirley Bilbo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

850-224-9476

Date

Daytime Phone #