

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-07-2007 90049 020 ****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

6125 Hwy 181 E

6125 Hwy 181 E

2. Principal Place of Business - No P.O. Box #

5106 ENCHANTED TIMBERS

3. Mailing Address

5106 ENCHANTED TIMBERS

Suite, Apt. #, etc.

Westville, FLA

Suite, Apt. #, etc.

Westville, FLA

City & State

Humble, TEXAS

City & State

Humble, TEXAS

Zip

77346

Country

USA

Zip

77346

Country

USA

6. Name and Address of Current Registered Agent

BILBO, SHIRLEY
1538 VALLEY RD
TALLAHASSEE FL 32301

4. FEI Number

90-6002802

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

JOEL M COX

Street Address (P.O. Box Number is Not Acceptable)

5106 ENCHANTED TIMBERS 6125 Hwy 181 E

City

Humble, TX Westville, FLA FL

Zip Code

77346 32464

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

Joel m Cox

DATE

1/28/07

(NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROBERTS, SANDRA R		STREET ADDRESS		
CITY-STATE-ZIP	913 MAYTON RD		CITY-STATE-ZIP		
	BANKS AL 36005				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILBO, SHIRLEY		NAME		
STREET ADDRESS	1538 VALLEY RD		STREET ADDRESS		
CITY-STATE-ZIP	TALLAHASSEE FL 32301		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, L L		NAME		
STREET ADDRESS	6125 HWY 181 EAST		STREET ADDRESS		
CITY-STATE-ZIP	WESTVILLE FL 32464		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOEL M		NAME		
STREET ADDRESS	5106 ENCHANTED TIMBERS		STREET ADDRESS		
CITY-STATE-ZIP	HUMBLE TX 77346		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joel m Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/28/07

DAYTIME PHONE #

281-989-6036