

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N01799

1. Entity Name

MICANOPY HISTORIC CEMETERY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**W. SMITH ST.
P. O. BOX 631
MICANOPY FL 32667**

**W. SMITH ST.
P. O. BOX 631
MICANOPY FL 32667**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2374975

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

**CARSON ROBERTS
WHITING RD., BOX 108
MICANOPY FL 32667**

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

Carson Roberts

2-20-08

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **P CARSON, ROBERTS**
STREET ADDRESS **309 SW WHITING STREET**
CITY-STATE-ZIP **MICANOPY FL 32667**

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

TITLE ☐ Delete
NAME **S PITCHER, MARTHA**
STREET ADDRESS **14600 NW 100 AVE RD**
CITY-STATE-ZIP **REDDICK FL 32686**

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

TITLE ☐ Delete
NAME **D ELLIS, CHARLES**
STREET ADDRESS **2045 WATER CREST DRIVE**
CITY-STATE-ZIP **ORANGE PARK FL 32003**

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

TITLE ☐ Delete
NAME **D ALSTON, K CHARLES**
STREET ADDRESS **PO BOX 874**
CITY-STATE-ZIP **OCALA FL 34478**

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

TITLE ☐ Delete
NAME **D BOYER, ED**
STREET ADDRESS **806 NE 8 ST**
CITY-STATE-ZIP **HAWTHORNE FL 32640**

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

TITLE ☐ Delete
NAME **T WEAVER, MARTHA A.**
STREET ADDRESS **702 NW SEMINARY AVE**
CITY-STATE-ZIP **MICANOPY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carson Roberts **CARSON ROBERTS 2/20/08**