

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008906

FILED
Jan 17, 2005
Secretary of State

Entity Name: HANCOCK FAMILY CEMETERY, INC.

Current Principal Place of Business:

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: 55-0809227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, JUNE
801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JUNE, SHIRLEY
Address: 801 S. HOUSTON AVE
City-St-Zip: FORT MEADE, FL 33841

Title: V () Delete
Name: HANCOCK, STEVE
Address: 4545 ASHFORD DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: T () Delete
Name: ACUFF, JOYCE
Address: 620 POLK AVE
City-St-Zip: FORT MEADE, FL 33841

Title: S () Delete
Name: CLYATT, MELODY
Address: 6003 SOURWOOD WAY
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: ABERNATHY, SANDRA
Address: 3325 CR 664
City-St-Zip: BOWLING GREEN, FL 33834

Title: D () Delete
Name: HANCOCK, RONNIE
Address: 355 CARLTON ROAD
City-St-Zip: HOMELAND, FL 338420523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE SHIRLEY

P

01/17/2005

Electronic Signature of Signing Officer or Director

Date