

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

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 013 ****61.25

DOCUMENT # N03000001404

1. Entity Name

**CORINTH CHURCH CEMETERY MAINTENANCE ENDOWMENT
FUND, INC.**



Principal Place of Business

**546 SE EVERGREEN DRIVE
LAKE CITY FL 32025**

Mailing Address

**546 SE EVERGREEN DRIVE
LAKE CITY FL 32025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

20-0069965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONE, FRED M ESQ.
701 RIVERSIDE PARK PLACE
SUITE 110
JACKSONVILLE FL 32204**

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 **PD** ☐ Delete
NAME **GREENE, RALPH G**
STREET ADDRESS **546 SE EVERGREEN DRIVE**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **VD** ☐ Delete
NAME **THOMAS, ELIZABETH H**
STREET ADDRESS **ROUTE 16 BOX 649**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **SD** ☒ Delete
NAME **OGDEN, MARJORIE M**
STREET ADDRESS **ROUTE 17 BOX 1688**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **480 NE HEATHER GLEN**
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD LARRAMORE, Jeanette Greene**
STREET ADDRESS **190 SW MACKINAW WAY**
CITY-ST-ZIP **LAKE CITY, FL 32025**

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

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: RALPH G. GREENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/2004 386-752-5549