


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90025 016 ****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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-0069965		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CONE, FRED M ESQ. 701 RIVERSIDE PARK PLACE SUITE 110 JACKSONVILLE, FL 32204			Name <u>RALPH G. GREENE</u> Street Address (P.O. Box Number is Not Acceptable) <u>546 SE EVERGREEN DRIVE</u> City <u>LAKE CITY</u> FL Zip Code <u>32025</u>			
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 <u>Ralph G. Greene</u> R. ALPH G. GREENE 24 Apr 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 STREET ADDRESS CITY-ST-ZIP	PD GREENE, RALPH G 546 SE EVERGREEN DRIVE LAKE CITY, FL 32025		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, ELIZABETH H 480 NE HEATHER GLEN LAKE CITY, FL 32055		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARRAMORE, JEANELLE G 190 SW MACKINAW WAY LAKE CITY, FL 32025		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Ralph G. Greene</u> 24 Apr '08 386-252-5549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						

40102000



04242008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name RALPH G. GREENE
Street Address (P.O. Box Number is Not Acceptable) 546 SE EVERGREEN DRIVE
City LAKE CITY **FL** **Zip Code** 32025

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SIGNATURE Ralph G. Greene **R. ALPH G. GREENE** **24 Apr 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing 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

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CITY-ST-ZIP

PD
GREENE, RALPH G
546 SE EVERGREEN DRIVE
LAKE CITY, FL 32025

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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VD
THOMAS, ELIZABETH H
480 NE HEATHER GLEN
LAKE CITY, FL 32055

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

SD
LARRAMORE, JEANELLE G
190 SW MACKINAW WAY
LAKE CITY, FL 32025

☐ Delete

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☐ Change ☐ Addition

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SIGNATURE: Ralph G. Greene **24 Apr '08** **386-252-5549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #