

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 NOV 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005601

1. Entity Name
HAYNES MEMORIAL HISTORIC CEMETERY
ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 700
MICANOPY, FL 32667

Mailing Address
P.O. BOX 700
MICANOPY, FL 32667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

09/20/05 Org. ID: 0020057 (10/03)

4. FEI Number
74-3097530

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

GUY, GEORGE
202 EESTALVSTEE (N.W. 6 AVE.)
MICANOPY, FL 32667

CHANGE →

Name: JACQUELYN JONES
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 15
City: MICANOPY FL Zip Code: 32667

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

Filing Fee is \$61.25
Due by September 7, 2005

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: D President ☐ Delete
NAME: STROBLES, STANLEY REV.
STREET ADDRESS: P.O. BOX 700 602 N. Division Street
CITY-ST-ZIP: MICANOPY, FL 32667

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D vice President ☐ Delete
NAME: GUY, GEORGE
STREET ADDRESS: P.O. BOX 473 202 N W 6 Avenue
CITY-ST-ZIP: MICANOPY, FL 32667

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 200061035582
CITY-ST-ZIP: 10/31/05--01015--002 **236.25

TITLE: D Secretary - Treasurer ☐ Delete
NAME: JONES, JACQUELYN
STREET ADDRESS: P.O. BOX 15 702 N. Division Street
CITY-ST-ZIP: MICANOPY, FL 32667

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Trustee LARRY L. LATSOM ☐ Delete
NAME: LARRY L. LATSOM
STREET ADDRESS: P.O. BOX 153/308 N.W. 5th Street
CITY-ST-ZIP: MICANOPY, FL 32667

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MARTHA TAYLOR ☐ Delete
NAME: MARTHA TAYLOR
STREET ADDRESS: 702 NW 2nd Street
CITY-ST-ZIP: MICANOPY, FL 32667

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

JACQUELYN JONES

9/7/05

(352) 392-0765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/05