

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 044 \*\*\*\*61.25

**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**

**60015202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**74-3097530**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**JONES, JACQUELYN  
707 N. DIVISION STREET  
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

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, 2006**

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 **DP**  
STREET ADDRESS **STROBLES, STANLEY REV.**  
CITY-ST-ZIP **802 N. DIVISION STREET  
MICANOPY, FL 32667**

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

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **GUY, GEORGE**  
CITY-ST-ZIP **202 N. DIVISION STREET  
MICANOPY, FL 32667**

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

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **JONES, JAQUELYN**  
CITY-ST-ZIP **707 N. DIVISION STREET  
MICANOPY, FL 32667**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LATSON, LARRY L**  
CITY-ST-ZIP **P.O. BOX 153, 308 NW 5TH STREET  
MICANOPY, FL 32667**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **TAYLOR, MARTHA**  
CITY-ST-ZIP **702 NW 2ND STYREET  
MICANOPY, FL 32667**

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

TITLE ☐ Delete  
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 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:**

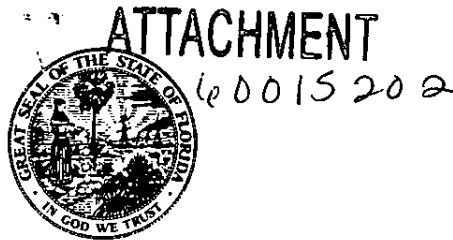
*Stanley E. Strobles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-13-06**

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

HAYNES MEMORIAL HISTORIC CEMETERY ASSOCIATION, INC.  
P.O. BOX 700  
MICANOPY, FL 32667

SUBJECT: HAYNES MEMORIAL HISTORIC CEMETERY ASSOCIATION, INC.  
Ref. Number: N03000005601

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We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 706A00009338