


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N03000005601 |  |
| 1. Entity Name HAYNES MEMORIAL HISTORIC CEMETERY ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business P.O. BOX 700 MICANOPY, FL 32667 | Mailing Address P.O. BOX 700 MICANOPY, FL 32667 |
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 74-3097530 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**JONES, JACQUELYN
707 N. DIVISION STREET
MICANOPY, FL 32667**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STROBLES, STANLEY REV. 802 N. DIVISION STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP GUY, GEORGE 202 N. DIVISION STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST JONES, JACQUELYN 707 N. DIVISION STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LATSON, LARRY L P.O. BOX 153, 308 NW 5TH STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TAYLOR, MARTHA 702 NW 2ND STREET MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000705068
04/23/07-80037-005 61.25

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. Stobles Stanley E. Stobles 04-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #