


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
Secretary of State

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	



03032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3097530	Applied For 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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. Stroble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-08

Date

Daytime Phone #