


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90218 021 \*\*\*\*61.25

<b>DOCUMENT # N04000000925</b>					
1. Entity Name <b>MOUNT ZION CEMETERY ASSOCIATION, INC.</b>					
Principal Place of Business <b>35436 RUFFING RD DADE CITY FL 33523</b>			Mailing Address <b>35436 RUFFING RD DADE CITY FL 33523</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				<input checked="" type="checkbox"/> 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			7. Name and Address of New Registered Agent		
<b>AUVIL, JONATHAN L 37837 MERIDIAN AVE DADE CITY FL 33525</b>			Name <b>William P. Burkett</b> Street Address (P.O. Box Number is Not Acceptable) <b>35436 RUFFING RD</b> <b>Dade City</b> City <b>FL</b> Zip Code <b>33523</b>		
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 <b>William P. Burkett</b> <b>President</b> <b>8 march 05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HAMMOND, BETH</b>	NAME			
STREET ADDRESS	<b>35436 RUFFING RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MOORE, N.L.</b>	NAME			
STREET ADDRESS	<b>35436 RUFFING RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BOWE, DAVID</b>	NAME			
STREET ADDRESS	<b>35436 RUFFING RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RICHMOND, SANDRA</b>	NAME			
STREET ADDRESS	<b>35436 RUFFING RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SAMUELS, JAMES</b>	NAME			
STREET ADDRESS	<b>35436 RUFFING RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>DADE CITY FL 33523</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <b>William P. Burkett</b> <b>William P. Burkett</b> <b>8 march 05</b> <b>352-567-3996</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20043029



1st MOORE CR2E037 (10/04)