

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003228

1. Entity Name

HOLLISTER SWEETWATER CEMETERY, INC.



Principal Place of Business

**111 CEMETERY ROAD
HOLLISTER, FL 32147**

Mailing Address

**PO BOX 334
HOLLISTER, FL 32147**



02102006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REID, RACHEL C
3001 TWIGG STREET
PALATKA, FL 32177**

**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 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**

**100000447956
03/08/06-80077-010 61.25**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	REID, RACHEL C
STREET ADDRESS	3001 TWIGG STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	T
NAME	CORNELIO, ESTHER B
STREET ADDRESS	109 CORNELIO ALLEY
CITY-ST-ZIP	INTERLACHIN, FL 32148
TITLE	T
NAME	OSTEEN, LD
STREET ADDRESS	PO BOX 480
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	T
NAME	STOEFLER, ROBERT R
STREET ADDRESS	PO BOX 208
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	T
NAME	SHROUDER, FRANK
STREET ADDRESS	PO BOX 44
CITY-ST-ZIP	HOLLISTER, FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Rachel C Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 23, 06

Date

Daytime Phone #