

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jan 18, 2007 08:00 AM
Secretary of State



01082007 No Chg-NP CR2E037 (4/06)

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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 206
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	

U00000582064
01/19/07-80046-021 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-07