

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005708

FILED
Mar 29, 2007
Secretary of State

Entity Name: BISHOP FAMILY CEMETERY, INC.

Current Principal Place of Business:

7743 SW SR 200
OCALA, FL 34476

New Principal Place of Business:

108 ALDER AVE.
APT. 1
FT. WALTON BEACH, FL 32548

Current Mailing Address:

7743 SW SR 200
OCALA, FL 34476

New Mailing Address:

108 ALDER AVE.
APT 1
FT. WALTON BEACH, FL 32548

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, W.E. JR
7743 SW SR 200
OCALA, FL 34476 US

Name and Address of New Registered Agent:

BISHOP, TOM
108 ALDER AVENUE
APT. 1
FT. WALTON BEACH, FL 32548 US

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.

SIGNATURE: TOM BISHOP

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: BISHOP, W.E. JR
Address: 7743 SW SR 200
City-St-Zip: OCALA, FL 34476

Title: VD () Delete
Name: BISHOP, JAMES L
Address: 8130 SE 45TH STREET
City-St-Zip: NEWBERRY, FL 32661

Title: D () Delete
Name: BISHOP, MARION L II
Address: 125 NE 5TH AVENUE
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD () Delete
Name: BISHOP, RAYMOND W
Address: 3267 BOULDER DRIVE
City-St-Zip: STOCKBRIDGE, GA 30281

Title: D () Delete
Name: BISHOP, RONALD N
Address: 466 SUMNER ROAD
City-St-Zip: MOULTRIE, GA 31776

Title: S () Delete
Name: BISHOP-SHAW, MARILYN
Address: 7743 SW SR 200
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM BISHOP

MGR

03/29/2007

Electronic Signature of Signing Officer or Director

Date