2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006089

FILED Sep 06, 2005 Secretary of State

Entity Name: GILL FAMILY CEMETERY ASSOCIATION, INC.

	Principal Place of Business:	New Principal Place of Business:	
462 GILL DEFUNIA	ROAD K SPRINGS, FL 32433		
Current Mailing Address:		New Mailing Address:	
462 GILL DEFUNIA	ROAD K SPRINGS, FL 32433		
	r: FEI Number Applied For (X) FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired () re the prior notice. Name and Address of New Registered Agent:)
664 BALD	WILLIAM H IWIN AVENUE IK SPRINGS, FL 32435 US		
	e named entity submits this statement for the purpos te of Florida.	e of changing its registered office or registered agent, or b	ooth,
SIGNATU	IRE:		
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name:	D () Delete MCCLELLAN, EARNEST 1413 DAVIS ROAD	Title: () Change () Addition Name: Address:	
	DEFUNIAK SPRINGS, FL 32433	City-St-Zip:	
City-St-Zip: Title: Name: Address:			
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DEFUNIAK SPRINGS, FL 32433 D () Delete GILL, ROBBY 25 PLEW COURT	City-St-Zip: Title: () Change () Addition Name: Address:	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip:	DEFUNIAK SPRINGS, FL 32433 D () Delete GILL, ROBBY 25 PLEW COURT DEFUNIAK SPRINGS, FL 32433 D () Delete REDDICK, DALLAS 212 GILL ROAD	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DEFUNIAK SPRINGS, FL 32433 D () Delete GILL, ROBBY 25 PLEW COURT DEFUNIAK SPRINGS, FL 32433 D () Delete REDDICK, DALLAS 212 GILL ROAD DEFUNIAK SPRINGS, FL 32433 D () Delete DUKE, OWEN 2449 STATE HWY. 2 WEST	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL GLIDEWELL PRES 09/06/2005