

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006089

FILED
Aug 31, 2006
Secretary of State

Entity Name: GILL FAMILY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

462 GILL ROAD
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

462 GILL ROAD
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREEN, WILLIAM H
664 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLELLAN, EARNEST
Address: 1413 DAVIS ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: GILL, ROBBY
Address: 25 PLEW COURT
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: REDDICK, DALLAS
Address: 212 GILL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: DUKE, OWEN
Address: 2449 STATE HWY. 2 WEST
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: GLIDEWELL, DANNY
Address: 462 GILL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: MCFATTER, GERALDINE
Address: 3249 COUNTY HWY. 183 NORTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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
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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: DANIEL T. GLIDEWELL

PRES

08/31/2006

Electronic Signature of Signing Officer or Director

Date