


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 037 ****61.25

DOCUMENT # N04000010878		
1. Entity Name MT. HOREB COMMUNITY CEMETERY, INC.		

Principal Place of Business 560 NORTHEAST PINEAPPLE STREET PINETTA, FL 32350 US	Mailing Address 560 NORTHEAST PINEAPPLE STREET PINETTA, FL 32350 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08252005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3078055	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
COODY, RELMA M 560 NORTHEAST PINEAPPLE STREET PINETTA, FL 32350	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <u>Relma M. Coody</u> <u>Relma M. Coody</u>	DATE <u>8-29-05</u>
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P, <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, WAYNE	NAME	
STREET ADDRESS	1630 NORTHEAST PERSIMMON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PINETTA, FL 32350	CITY-ST-ZIP	
TITLE	S, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COODY, RELMA M	NAME	
STREET ADDRESS	560 NORTHEAST PINEAPPLE STREET	STREET ADDRESS	
CITY-ST-ZIP	MADISON, FL 32350	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Relma M. Coody</u> <u>Relma M. Coody</u>	DATE <u>8-29-05</u>	DAYTIME PHONE # <u>850-929-4722</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>