

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**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



01172006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3078055

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COODY, RELMA M  
560 NORTHEAST PINEAPPLE STREET  
PINETTA, FL 32350

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.
NAME	SAPP, WAYNE
STREET ADDRESS	1630 NORTHEAST PERSIMMON DRIVE
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	S. T
NAME	COODY, RELMA M
STREET ADDRESS	560 NORTHEAST PINEAPPLE STREET
CITY-ST-ZIP	MADISON, FL 32350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000396794  
01/30/06-80022-019 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:

*Relma M. Coody* Relma M. Coody  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

Date

850-929-4722

Daytime Phone #