

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90358 014 ****61.25

DOCUMENT # N05000002072 1. Entity Name HOLY CROSS CATHOLIC CEMETERY, INC.					
Principal Place of Business 6369 NINTH AVE NORTH ST PETERSBURG, FL 33713			Mailing Address 6369 NINTH AVE NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIVITO, JOSEPH A ESQUIRE 4514 CENTRAL AVE ST PETERSBURG, FL 33711				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL	Zip Code
I, the above named entry submit 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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, JOAN PO BOX 40200 ST PETERSBURG, FL 337430200 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEPTULA, ELIZABETH PO BX 40200 ST PETERSBURG, FL 337430200 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALTHAZAR, NORMAN REVMSGR PO BOX 40200 ST PETERSBURG, FL 337430200 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Ward POBox 40200 St. Petersburg, FL 33743-0200 Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>Norman G Balthazar</u> 4/9/08 1727 572-4355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66013229



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

ATTACHMENT

Law Offices of
DiVito & Higham, P. A.

66013229

JOHN J. DI VITO (1928-2005)
FREDERICK A. HIGHAM, JR.
JOSEPH A. DI VITO

JOHN D. PIERCE

4514 CENTRAL AVENUE
ST. PETERSBURG, FLORIDA 33711-1041
(727) 321-1201
FAX (727) 321-5181

May 29, 2008

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Holy Cross Catholic Cemetery, Inc.
N05000002072

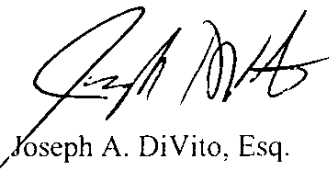
Dear Sir/Madam:

Pursuant to your letter of May 12, 2008 (copy enclosed), I have enclosed a copy of the FEIN number for the above referenced corporation. As you retained our fee check of \$61.25, please complete our filing as indicated in your correspondence.

Thank you for your assistance in this matter. Should you have any questions please do not hesitate to contact me or in my absence, please speak to my legal assistant, Jean Bridges.

Very truly yours,

DiVito & Higham, P.A.



Joseph A. DiVito, Esq.

JAD:jb

encl:

ATTACHMENT



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

66013229
#N05000002072

Date of this notice: 05-23-2008

Employer Identification Number:
26-2669274

Form: SS-4

Number of this notice: CP 575 A

HOLY CROSS CATHOLIC CEMETERY INC
5233 118TH AVE N
CLEARWATER, FL 33760

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2669274. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

05/23/2008

After our review of your information, we have determined that you have not filed tax returns for the above-mentioned tax period(s) dating as far back as 2005. Please file your return(s) by 06/07/2008. If there is a balance due on the return(s), penalties and interest will continue to accumulate from the due date of the return(s) until it is filed and paid. If you were not in business or did not hire any employees for the tax period(s) in question, please file the return(s) showing you have no liabilities.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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05-23-2008 HOLY B 9999999999 SS-4

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CLEARWATER, FL 33760