# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # N0500002072  1. Entity Name HOLY CROSS CATHOLIC CEMETERY, INC.   |  |  |                     |   |  |   |  | i  | -28-200                      | •                        | 8 014 **                   |   |  |  |
|---|--|--|---------------------|---|--|---|--|--|------------------------------|--------------------------|----------------------------|---|--|--|
| Principal Place of Business<br>6369 NINTH AVE NORTH<br>ST PETERSBURG, FL 33713  |  |  | 6369                | g Address<br>9 NINTH AVE NOR<br>ETERSBURG, FL 3   |  |   |  | 66013  |                              | 1 8911 <b>1</b> 5140 I   | 117 ESTI (600)             | <b>11</b> 1181 <b>1</b> 1: EN 11            |  |  |
| 2. Principal P  | lace of Busin                                      | 3. Mai   | 3. Mailing Address  |   |  |   |  |  |                              |                          |                            |   |  |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc. |   |  |   |  | 03272008 Chg-  | NP                           | CR2E0                    | 37 (12/06)                 |   |  |  |
| City & State  |  |  | City & State        |   |  |   |  | 4. FEI Number<br>APPLIED FOR   |                              |                          |                            | pplied For                                  |  |  |
| Zip   | Zip Country  |  | Ziş                 | Zip C   |  | ntrv  |  | 5. Certificate of Status   | a Desired                    |                          | \$8.75 Ad                  | ditional                                    |  |  |
|   | 6. Name  | and Address of Current   | Registere           | Registered Agent  |  |   | 1  | 7. Name and Addres   | s of New R                   | egistered                |                            | <del></del>                                 |  |  |
| DIVITO, JO  | OSEDH A  | ESOURE   |                     |   |  | Name  |  |  |                              | -                        | -                          |   |  |  |
| 4514 CEN  | TRAL AVE   |  |                     |   |  |   | Street Address (P.O. Box Number is Not Acceptable) |  |                              |                          |                            |   |  |  |
| ST PETER  | RSBURG, I  | FL 33711   |                     |   |  |   |  |  |                              |                          |                            |   |  |  |
|   | · .  |  |                     |   |  | City  |  |  |                              | FL                       | Zip Coc                    | le  |  |  |
| Sa The above  | named entity                                       | y submit this statement to   | r the purp          | ose of changing its   | register   | d office or rec   | aisten   | ed agent, or both, in the  | State of Fig.                |                          | familiar with              | and accent                                  |  |  |
| i The bolida  | ions of regist                                     | ered agent.  |                     |   |  |   | ,  |  |                              |                          | 1011110 11121              | aro accept                                  |  |  |
|   |  |  |                     |   |  |   |  |  |                              |                          |                            |   |  |  |
| SIGNATURE   | Signature, typed                                   | or printed name of registered agent  | and like it app     | Scable (NOTI  | E: Registere   | d Agent éignature re  | quired   | when minessing)  | ٠. :-                        | DATE                     |                            |   |  |  |
|   |  |  | · : i               |   |  | *   |  |  | 11                           |                          |                            |   |  |  |
|   | _  | o is \$61.25<br>lay 1, 2008  |                     | 9. Election`Can<br>Trust Fund C   |  |   |  | \$5.00 May Be Added to Fees  | Flori                        | da Depai                 | k payable (<br>trnent of S | tate  |  |  |
| 10.   | <u>_</u>   | OFFICERS AND DI  | RECTORS             |   | 11.  |   | A  | DDITIONS/CHANGES   | O OFFICE                     | S AND DI                 | RECTORS IN                 | l 10  |  |  |
| TITLE   | T  |  |                     | ☐ Deleta  | пп⊔  | !   | s  |  |                              |                          | Change                     | Addition                                    |  |  |
| NAME<br>STREET ADDRESS  | MORGAN<br>PO BOX 4                                 |  |                     |   | NAM  | E<br>ET ADDRESS   | Ü  |  |                              |                          | *                          |   |  |  |
| CITY-51-ZP  | 1  | RSBURG, FL 3374302   | 00                  |   |  | -SI-ZIP   |  |  |                              |                          |                            |   |  |  |
| TITLE   | T  |  |                     | ☐ Délete  | πц   |   |  |  |                              |                          | Change                     | Addition                                    |  |  |
| KAME<br>PTOCET ADDOCES  | ı  | , ELIZABETH  |                     |   | NAM  |   | P  |  |                              |                          | Α,                         |   |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                     |   |  | ET ADORESS<br>- ST-ZIP  |  |  |                              |                          |                            |   |  |  |
| mu  | Т  |  |                     | Delete  | mu   |   | v  |  |                              | ·                        | <b>☑</b> Change            | Addition                                    |  |  |
| NAME  | 1  | AR, NORMAN REVMS   | GR                  |   | KAM  | - I   | V  |  |                              |                          | M                          |   |  |  |
| STREET ADDRESS CITY-ST-ZIP  | PO BOX 4   | 10200<br>RSBURG. FL 3374302  | 00                  |   |  | ET ADDRESS :  |  |  |                              |                          |                            |   |  |  |
| TITLE   | ,  | 1000110,12 007 1002  |                     |   |  | 41.44   |  |  |                              |                          |                            | XX Addition                                 |  |  |
|   |  |  |                     | Delete  | me   |   | Par  | ul Ward  |                              |                          | Channe                     |   |  |  |
| NAME  |  |  |                     | ☐ Delete  | TITLE<br>Name  |   | Par  | ul Ward<br>Box 40200   |                              |                          | Change                     |   |  |  |
| STREET ADDRESS  |  |  |                     | ☐ Delete  | NAME<br>STRE   | E<br>Et address   | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    |                            |   |  |  |
| STREET ADDRESS<br>CITY+SI+ZIP   |  |  |                     |   | nam<br>Stre<br>City  | E<br>ET ADDRESS<br>-ST-ZIP  | POI<br>St  | Box 40200  | , FL                         | 33743                    | -0200                      | Addition                                    |  |  |
| STREET ADDRESS  |  |  |                     | □ Delete  | NAME<br>STRE   | ET ADDRESS<br>-ST-ZIP   | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    |                            | ☐ Addition                                  |  |  |
| STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  |  |  |                     |   | NAME<br>STREE<br>CITY<br>TITLE<br>NAME<br>STREE                    | E ET ADDRESS -ST-ZIP  | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    | -0200                      | ☐ Addition :                                |  |  |
| STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                     | ☐ Delete  | HAME<br>STRE<br>CITY<br>TITLE<br>HAME<br>STRE<br>CITY              | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    | -0200                      |   |  |  |
| STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  |  |  |                     |   | NAME<br>STREE<br>CITY<br>TITLE<br>NAME<br>STREE                    | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ST-ZIP  | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    | -0200                      | Addition                                    |  |  |
| STREET ADDRESS CITY-SI-ZIP  IITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS                                      |  |  |                     | ☐ Delete  | NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE                | ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E FT ADDRESS -ST-ZIP  | POI<br>St  | Box 40200<br>Petersburg  | , FL                         | 33743                    | -0200                      |   |  |  |
| STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE MAJAE STREET ADDRESS CITY-SI-ZIP                         |  |  |                     | Delote Delote   | NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY CITY CITY | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP                           | POI<br>St<br>Tr                                    | Box 40200<br>. Petersburg<br>easurer   |                              |                          | -0200 Change               | ☐ Addition .                                |  |  |
| STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  12. I hereby oindleated | on this renor                                      | a information supplied with<br>t or supplemental report is<br>to receiver or trustee empt<br>schment with an agd-eas | true and            | Delete Delete Oelete  | NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY I the exe | ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ura shali have        | POI<br>St.<br>Tre                                  | Box 40200  Petersburg easurer  in Chapter 119, Florida ame legal effect as if me | Statutes. I fi               | urther cert              | Change                     | Addition                                    |  |  |
| STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  12. I hereby oindleated | on this report<br>poration of the<br>or on an atta | t or supplemental report is  | true and            | Delete  Delete  Delete  does not qualify for accurate and that in execute this report er like empowersed. | STREE CITY TITLE NAME STREE CITY TITLE CITY TITLE CITY IT the exe  | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP Implions contained shall have red by Chapter | POI St Tro   | Box 40200  Petersburg easurer  in Chapter 119, Florida ame legal effect as if me | Statutes. I fi<br>de under o | urther certain; that I a | Change  Change             | Addition  formation or director Block 11 if |  |  |

## ATTACHMENT

4514 CENTRAL AVENUE

ST. PETERSBURG, FLORIDA 33711-1041

(727) 321-1201

FAX (727) 321-5181

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

May 29, 2008

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Holy Cross Catholic Cemetery, Inc. N05000002073

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.

Yoseph A. DiVito, Esq.

JAD:jb

encl:

ATTAC: WENT

IRS 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.

## ATTACHMENT

66013229 #N05000002072

(IRS USE ONLY) 575A

05-23-2008 HOLY B 999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes and Publication 4248, EFTPS (Brochure). If you need to make a deposit before you receive your Welcome Package, please visit an IRS taxpayer assistance center to obtain a Federal Tax Deposit Coupon, Form 8109-B. To locate the taxpayer assistance center nearest you, visit the IRS Web site at http://www.irs.gov/localcontacts/index.html. Note: You will not be able to obtain Form 8109-B by calling 1-800-829-TAXFORMS (1-800-829-3676).

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

| Keep this part for your records.   | CP 575 A | (Rev. 7-2007) |
|--|----------|---------------|
| Return this part with any correspondence<br>so we may identify your account. Please<br>correct any errors in your name or address. |          | CP 575 A      |
|  | 999      | 9999999       |
| -  |          |               |

FORM: SS-4

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 05-23-2008

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

)

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

NOBOD

EMPLOYER IDENTIFICATION NUMBER: 26-2669274