

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 019 ****61.25

DOCUMENT # N09537

1. Entity Name

FORT KISSIMMEE CEMETERY ASSOCIATION, INC.



Principal Place of Business

**94 N. PALMETTO CREEK RD.
AVON PARK FL 33825**

Mailing Address

**94 N. PALMETTO CREEK RD.
AVON PARK FL 33825**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0069164

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONEY, FRANCES A.
94 N. PALMETTO CREEK RD.
AVON PARK FL 33825**

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

Signature, typed or printed name, of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **CORNELL, W.W.**
STREET ADDRESS **3002 HOLIDAY BEACH DR.**
CITY-STATE-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Change ☒ Addition
NAME **JIMMY HOWELL**
STREET ADDRESS **1114 SW 9TH ST.**
CITY-STATE-ZIP **OKEECHOBEE, FL 34972**

TITLE **VP** ☐ Delete
NAME **KOPTA, DARREN**
STREET ADDRESS **4251 E AVON PINES ROAD**
CITY-STATE-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAM MOORE**
STREET ADDRESS **2400 SCRUBPENS RD**
CITY-STATE-ZIP **SEBRING, FL 33870**

TITLE **T** ☐ Delete
NAME **BONEY, FRANCES A**
STREET ADDRESS **94 N PALMETTO CREEK RD**
CITY-STATE-ZIP **AVON PARK FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **HANVEY, CAROLYN**
STREET ADDRESS **N/A P.O. BOX 146**
CITY-STATE-ZIP **FLORIDA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Delete
NAME **BONEY, EVERETT**
STREET ADDRESS **N/A P.O. BOX 299**
CITY-STATE-ZIP **LORIDA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☒ Delete
NAME **THOMAS, JOHN HENRY**
STREET ADDRESS **870 N.W. 141ST ST.**
CITY-STATE-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances A Boney FRANCES A BONEY 2-19-08 (863)453-6894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR