


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 024 ****61.25

DOCUMENT # N10255 1. Entity Name OLD BETHEL CEMETARY ASSOCIATION, INC.					
Principal Place of Business O/O ELOISE COKER 2861 AIRPORT RD. CRESTVIEW FL 32539 US		Mailing Address C/O ELOISE COKER 2861 AIRPORT RD. CRESTVIEW FL 32539 US			
2. Principal Place of Business 4812 Mosley LANE N. Suite, Apt. #, etc.		3. Mailing Address 4812 Mosley LANE N. Suite, Apt. #, etc.			
City & State Crestview FL Zip 32539		City & State Crestview FL Zip 32539		4. FEI Number 59-2942536	
Country OKA100SA		Country OKA100SA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COKER, ELOISE 2861 AIRPORT RD. CRESTVIEW FL 32539				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNELL, THOMAS 3205 LAKEVIEW ST. CRESTVIEW FL 32539 <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	TD COKER, ELOISE 2861 AIRPORT RD. CRESTVIEW FL <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	D BRYAN, KATIE 173 JONES RD. CRESTVIEW FL <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	D GILMORE, DOSIA P.O. BOX 212 N/A MILLIGAN FL <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	D ALLEN, SARA 1202 FARMER ST. CRESTVIEW FL <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	D MILLER, BETTY 2949 N.E. SECOND AVE. CRESTVIEW FL <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 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>Eloise Coker</u> Eloise Coker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40008002



1st MOORE

CR2E037 (10/04)

59-2942536

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL Zip Code

Date

Daytime Phone #

ATTACHMENT

40008552

N10255

Address Change for:

Title TD

Eloise Coker
Mosley Lane N.
Crestview, Fl. 32539