

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90077 020 ****61.25

DOCUMENT # N10255

1. Entity Name

OLD BETHEL CEMETARY ASSOCIATION, INC.



Principal Place of Business

4812 MOSLEY LANE NORTH
CRESTVIEW FL 32539
US

Mailing Address

4812 MOSLEY LANE NORTH
CRESTVIEW FL 32539
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2942536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D HANNELL, THOMAS 3205 LAKEVIEW ST. CRESTVIEW FL 32539 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TD COKER, ELOISE 2861 AIRPORT RD. CRESTVIEW FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D BRYAN, KATIE 173 JONES RD. CRESTVIEW FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D GILMORE, DOSIA P.O. BOX 212 N/A MILLIGAN FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D ALLEN, SARA 1202 FARMER ST. CRESTVIEW FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D MILLER, BETTY 2949 N.E. SECOND AVE. CRESTVIEW FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P Chesnut, James 4797 LAKE EMERALD DR. HOIT, FL 32564 ☐ Change ☒ Addition

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

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

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

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

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

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: *Eloise Coker* *1/25/06* *850 682 3300*