


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90398 033 \*\*\*\*61.25

**DOCUMENT # N13828**  
1. Entity Name  
**ANTIOCH CEMETERY, INC.**



Principal Place of Business: **1795 EMERSON AVE  
BARTOW FL 33830-6998  
US**  
Mailing Address: **1795 EMERSON AVE  
BARTOW FL 33830-6998  
US**

2. Principal Place of Business: **1411 Dexter Road  
North Port  
Florida**  
3. Mailing Address: **1411 Dexter Road  
North Port  
Florida**

4. FEI Number: **NO-T. APPLICABLE**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**BROWN, KARLA R  
950 SOUTH OAK AVENUE  
BARTOW FL 33830**

7. Name and Address of New Registered Agent  
Name: **James C. Rogers**  
Street Address (P.O. Box Number is Not Acceptable): **9912-25th St. E.  
Parrish**  
City: **Parrish** State: **FL** Zip Code: **34219**

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: **James C. Rogers President James C. Rogers 3/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**  
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	PD	<input type="checkbox"/> Delete
NAME	ROGERS, JAMES C	
STREET ADDRESS	9912 25TH STREET, E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, DARLENE ROGERS	
STREET ADDRESS	1795 EMERSON AVE.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, CASSADY C	
STREET ADDRESS	9912 25TH STREET E	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KARLA ROGERS	
STREET ADDRESS	950 OAK AVENUE, SOUTH	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Lee Coomer	
STREET ADDRESS	1411 Dexter Rd	
CITY-ST-ZIP	N. Port, FL 34288	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cassady C. Vance	
STREET ADDRESS	9912-25th St. E.	
CITY-ST-ZIP	Parrish, FL 34219	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy L. Brown	
STREET ADDRESS	7260 Memorial Dr.	
CITY-ST-ZIP	Port Charlotte, FL 33981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **James C. Rogers President James C. Rogers 3/28/04 941-776-2040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #