


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13873</b>		
1. Entity Name <b>FLEMINGTON CEMETERY ASSOCIATION, INC.</b>		
Principal Place of Business 11931 NW 193RD ST. MICANOPY, FL 32667-9509	Mailing Address 11931 NW 193RD ST. MICANOPY, FL 32667-9509	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HODGE, BARBARA C 11931 NW 193RD ST MICANOPY, FL 32667		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
Filing 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
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXSON, JOHN W. RT. 1 BOX 5090 WILLISTON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVINGER, CARL RT. 1 BOX 38 REDDICK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGE, JAMES R. 11931 NW 193RD ST. MICANOPY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONS, TROY A. 11931 NW 193RD ST. MICANOPY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HODGE, BARBARA C 11931 NW 193RD ST. MICANOPY, FL 32667	
TITLE 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)(f), 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>Barbara C. Hodge</u> <b>BARBARA C. HODGE</b>		Date <u>1-14-05</u> Daytime Phone # <u>352-591-1338</u>



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2151194</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U000000208251  
02/01/05-80070-025 61.25