

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

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90069 046 ****61.25

DOCUMENT # N14320

1. Entity Name
JESSE C. ALLEN FAMILY CEMETERY, INC.



Principal Place of Business
**210 CEDAR ST.
MILTON, FL 32570-3802**

Mailing Address
**6558 CEDAR ST.
MILTON, FL 32570**



03152005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2855960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARPER, ROBERT AUGUSTUS JR.
325 WEST PARK AVENUE
TALLAHASSEE, FL 32301-8501**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCNEAL, FAYE A 1025 PEARSON RD MILTON, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN, W. LES III 9463 WHITING FIELD CIRCLE MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WYATT, NANCY 1658 MOONWATER DRIVE <i>Moonraker Drive</i> MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #