

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

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90010 043 *****61.25

DOCUMENT # N14922

1. Entity Name

ROBERTS CEMETERY, INC.



Principal Place of Business

C/O DAVID C. ROBERTS
190 PET PATCH RD.
WEWAHITCHKA FL 32465

Mailing Address

PO BOX 426
WEWAHITCHKA FL 32465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2908414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, DAVID C
190 PET PATCH RD.
WEWAHITCHKA FL 32465

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ROBERTS, DAVID
STREET ADDRESS 190 PET PATCH RD.
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE DC ☒ Change ☐ Addition
NAME Roberts, David
STREET ADDRESS 190 Pet Patch Rd.
CITY-ST-ZIP Wewahitchka, FL 32465

TITLE D ☐ Delete
NAME GRIFFIN, GERALD
STREET ADDRESS P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR
CITY-ST-ZIP WEWAHITCHKA FL 32465

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

TITLE D ☐ Delete
NAME MCDANIEL, WARD
STREET ADDRESS P.O. BOX 823 /160 MINNIE OLA LN
CITY-ST-ZIP WEWAHITCHKA FL 32465

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

TITLE DST ☒ Delete
NAME BRANCH, HENRIETTA
STREET ADDRESS P.O. BOX 252 /249 JOE AVE. W.C.
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE DST ☒ Change ☒ Addition
NAME Bidwell, April
STREET ADDRESS 111 Fort Place Circle
CITY-ST-ZIP Wewahitchka, FL 32465

TITLE D ☐ Delete
NAME BIDWELL, DAVID
STREET ADDRESS 180 KYE'S LN.
CITY-ST-ZIP WEWAHITCHKA FL 32465

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

TITLE DC ☒ Delete
NAME REDD, OSCAR
STREET ADDRESS P.O. BOX 426 /3074 HWY 71 S.
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☐ Change ☒ Addition
NAME Lester, Jimmy
STREET ADDRESS P.O. Box 413
CITY-ST-ZIP Wewahitchka, FL

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

7-26-04 (89) 639-2949

Date

Daytime Phone #