

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91233 018 \*\*\*\*\*61.25

**DOCUMENT # N17216**

1. Entity Name

VERDIE CEMETERY ASSOCIATION, INC.



Principal Place of Business

13696 US HWY 301  
BRYCEVILLE FL 32009

Mailing Address

13696 US HWY 301  
BRYCEVILLE FL 32009

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

59-2960720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, GARY  
5442 GREEN AVE.  
CALLAHAN FL 32011

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SURRENCY, DONALD  
STREET ADDRESS 13871 US HWY 301  
CITY-ST-ZIP BRYCEVILLE FL 32009 ☐ Delete

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

TITLE VD  
NAME BOYD, B.M.  
STREET ADDRESS 11406 BOYD LANE  
CITY-ST-ZIP BRYCEVILLE FL 32009 ☒ Delete

TITLE VD  
NAME BOYD, James W.  
STREET ADDRESS 44988 Green Meadows Ln.  
CITY-ST-ZIP Callahan, FL-32011 ☐ Change ☐ Addition

TITLE STD  
NAME ZEORLIN, BETTY  
STREET ADDRESS 13696 RS HWY 301  
CITY-ST-ZIP BRYCEVILLE FL 32009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 13696 US Hwy 301  
CITY-ST-ZIP ☒ Change ☐ Addition  
Correction

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 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:

*Betty W. Zeorlin* Betty W. Zeorlin S/T/D 4-1-04 904-879-3417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #