

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90290 029 \*\*\*\*70.00

**DOCUMENT # N23087**

1. Entity Name

WHITMIRE CEMETERY ASSOCIATION, INC.



Principal Place of Business

%MILDRED C. PARKER  
1636 ATWOOD DRIVE  
PENSACOLA FL 32514

Mailing Address

%MILDRED C. PARKER  
1636 ATWOOD DRIVE  
PENSACOLA FL 32514

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

59-2934398

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

PARKER, MILDRED C.  
1636 ATWOOD DRIVE  
PENSACOLA FL 32514

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, 2005**

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 DV ☐ Delete  
NAME NELSON, RONALD  
STREET ADDRESS 1618 EAST HERNANDEZ STREET  
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete  
NAME PARKER, MILDRED C.  
STREET ADDRESS 1636 ATWOOD DRIVE  
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE SD ☐ Delete  
NAME ELLIS, CLAUDIA V  
STREET ADDRESS 8810 JERNIGAN RD  
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE C ☐ Delete  
NAME CREIGHTON, CLYDE T JR  
STREET ADDRESS 5400 S HWY 99  
CITY-ST-ZIP WALNUT HILL FL 32569

TITLE C ☐ Change ☐ Addition  
NAME Creighton, Clyde, Jr.  
STREET ADDRESS 5900 S. HWY 99  
CITY-ST-ZIP Walnut Hill, FL 32568  
(Address Correction)

TITLE D ☐ Delete  
NAME FLEMING, ROBERTA  
STREET ADDRESS 9300 CHISHOLM RD.  
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Mildred C. Parker*  
MILDRED C. PARKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2005

Date

(850) 4760704

Daytime Phone #