

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 038 ****70.00

DOCUMENT # N25143 1. Entity Name LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.			
Principal Place of Business C/O HOWARD ALDERMAN 58349 TIMMONS RD. HILLIARD, FL 32046 US		Mailing Address C/O HOWARD ALDERMAN 58349 TIMMONS RD. HILLIARD, FL 32046 US	
2. Principal Place of Business <i>C/O Howard Alderman</i> Suite, Apt. #, etc. <i>58359 Timmons Rd.</i> City & State <i>Hilliard, FL 32046</i> Zip <i>32046</i> Country <i>US</i>		3. Mailing Address <i>C/O Howard Alderman</i> Suite, Apt. #, etc. <i>58359 Timmons Rd.</i> City & State <i>Hilliard, FL</i> Zip <i>32046</i> Country <i>US</i>	
6. Name and Address of Current Registered Agent ALDERMAN, HOWARD RT. 1 BOX 2085 HILLIARD, FL 32046		7. Name and Address of New Registered Agent Name <i>Alderman Howard</i> Street Address (P.O. Box Number is Not Acceptable) <i>58359 Timmons Rd.</i> City <i>Hilliard</i> FL Zip Code <i>32046</i>	
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: <i>Howard Alderman</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>Jan 14, 2004</i>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDERMAN, GUS RT. 1 BOX 287, LESSIE RD. HILLIARD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTON, MAEBELLE RT. 1 BOX 284, COOPERS LN HILLIARD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALDERMAN, HOWARD 58349 TIMMONS RD. HILLIARD, FL 32046	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Alderman Howard - T/S</i> <i>58359 Timmons Rd.</i> <i>Hilliard, FL 32046</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, HOSEA 103 RIVER WOOD DR YULEE, FL 32097	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Howard Alderman</i> <i>Howard Alderman</i> <i>Jan 14, 2004</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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01142004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

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, 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

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SIGNATURE: *Howard Alderman* *Howard Alderman* *Jan 14, 2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #