

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90069 009 ****70.00

DOCUMENT # N25143 1. Entity Name LESSIE COMMUNITY CEMETERY ASSOCIATION, INC.					
Principal Place of Business C/O HOWARD ALDERMAN 58359 TIMMONS RD HILLIARD, FL 32046 US			Mailing Address C/O HOWARD ALDERMAN 58359 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>		3. Mailing Address <i>58359 Timmons Rd</i> Suite, Apt. #, etc.			
City & State <i>Hilliard Florida</i> Zip <i>32046</i>		City & State <i>Hilliard Florida</i> Zip <i>32046</i>		4. FEI Number NOT APPLICABLE	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDERMAN, HOWARD 58359 TIMMONS RD HILLIARD, FL 32046				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>Howard Alderman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <i>Howard Alderman</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 5%; text-align: right;"> <i>2/1/06</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	PD HOOPER, JACKIE L STREET ADDRESS 152981 COUNTY ROAD 108 CITY-ST-ZIP YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T ALBERTIE, THELMA STREET ADDRESS 152974 COUNTY ROAD 108 CITY-ST-ZIP YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S ALDERMAN, HOWARD STREET ADDRESS 58359 TIMMONS RD. CITY-ST-ZIP HILLIARD, FL 32046	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V PALMER, HOSEA STREET ADDRESS 103 RIVER WOOD DR CITY-ST-ZIP YULEE, FL 32097	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WHITE, AMOS STREET ADDRESS 67828 SANDHILL ROAD CITY-ST-ZIP YULEE, FL 32097	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>2/1/06</i> <i>904-845-2344</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					