

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N25661

1. Entity Name
MIDWAY CEMETERY ASSOCIATION, INC.



Principal Place of Business
MIDWAY CEMETERY
4715 WOLF RAM LN
NEW PORT RICHEY, FL 34653 US

Mailing Address
MIDWAY CEMETERY
4715 WOLF RAM LN
NEW PORT RICHEY, FL 34653 US

DO NOT WRITE IN THIS SPACE

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03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, PHILLIP H.
5592 W DAYFLOWER PATH
LECANTO, FL 34461

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IN THIS SPACE**

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** _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000284100
04/01/05-80053-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, KARL H
STREET ADDRESS	4715 WOLFRAM LN
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	SD
NAME	GUNNELLS, GLENDA
STREET ADDRESS	2083 TEMPLE TERRACE
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	TD
NAME	KINNISON, DYANE
STREET ADDRESS	4501 ZACK DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Harold H. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2005 457-1262
Date Daytime Phone #