


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90019 014 ****70.00

DOCUMENT # N28556 1. Entity Name THE LAKE HILL CEMETERY IMPROVEMENT ASSOCIATION					
Principal Place of Business P.O. BOX 616243 ORLANDO, FL 32861			Mailing Address P.O. BOX 616243 ORLANDO, FL 32861		
2. Principal Place of Business 5950 Old Winter Garden Suite, Apt. #, etc.		3. Mailing Address c/o Rodney M. Roberts 432 Hickory Road			
City & State Orlando, Florida		City & State Apopka, Florida		4. FEI Number 59-2908071 NOT APPLICABLE	
Zip 32835	Country USA	Zip 32712	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEADEN, PORTER L JR. 801 N. MAGNOLIA AVENUE SUITE 317 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Dorothy J. McMichen Street Address (P.O. Box Number is Not Acceptable) 1500 East Concord Street City Orlando, FL Zip Code 32803		
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 <u><i>Dorothy J. McMichen</i></u> 3/3/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD <input checked="" type="checkbox"/> Delete NAME BIBBER, CHARLES III STREET ADDRESS P.O. BOX 616243 CITY-ST-ZIP ORLANDO, FL 32861	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Shedd, Eddie STREET ADDRESS 113 South Hart Blvd. CITY-ST-ZIP Orlando, Florida 32835				
TITLE VD <input checked="" type="checkbox"/> Delete NAME BROWN, JOEL D SR STREET ADDRESS 201 N. JOHN ST. CITY-ST-ZIP ORLANDO, FL 32835	TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Shedd, Mickey STREET ADDRESS 4279 Peninsula Point CITY-ST-ZIP Sanford, Florida 32771				
TITLE D <input type="checkbox"/> Delete NAME GARVIN, WAYNE STREET ADDRESS 7635 CLARCONA OCOEE RD. CITY-ST-ZIP ORLANDO, FL	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Roberts, Rodney M. STREET ADDRESS 432 Hickory Road CITY-ST-ZIP Apopka, Florida 32712				
TITLE T <input checked="" type="checkbox"/> Delete NAME CONNALLY-BRIDGES, MARTHA STREET ADDRESS 2527 CAPITOL AVE. CITY-ST-ZIP ORLANDO, FL 32818	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kendrick, Sandra STREET ADDRESS 5920 Indian Hill Road CITY-ST-ZIP Orlando, Florida 32808				
TITLE T <input type="checkbox"/> Delete NAME MC MICHEN, ISLA C STREET ADDRESS 928 AMERICAN BEAUTY ST CITY-ST-ZIP ORLANDO, FL 32818	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Patrick, George STREET ADDRESS 4401 Foreland Place CITY-ST-ZIP Orlando, Florida 32812				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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: <u><i>Isaac McMichen</i></u> <u><i>Isaac McMichen</i></u> <u><i>3/3/04</i></u> <u><i>321-231-6409</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					