

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90539 035 ****70.00

DOCUMENT # N28556

1. Entity Name
**THE LAKE HILL CEMETERY IMPROVEMENT
ASSOCIATION**



Principal Place of Business
**5950 OLD WINTER GARDEN
ORLANDO, FL 32835**

Mailing Address
**C/O RODNEY M. ROBERTS
432 HICKORY ROAD
APOPKA, FL 32712**

50046466



2. Principal Place of Business

3. Mailing Address

P.O. Box 616216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State

City & State
Orlando, Florida

4. FEI Number
59-290807K 90-0162877

Applied For
Not Applicable

Zip

Country

Zip

Country

32861-6216

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

6. Name and Address of Current Registered Agent

**MCMICHEN, DOROTHY J
1500 EAST CONCORD STREET
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

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

**Filing 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

TITLE **P** ☐ Delete
NAME **SHEDD, EDDIE**
STREET ADDRESS **113 SOUTH HART BLVD**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **V** ☐ Delete
NAME **SHEDD, MICKEY**
STREET ADDRESS **4279 PENINSULA POINT**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **D** ☐ Delete
NAME **GARVIN, WAYNE**
STREET ADDRESS **7635 CLARCONA OCOEE RD.**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete
NAME **KENDRICK, SANDRA**
STREET ADDRESS **5920 INDIAN HILL ROAD**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **T** ☐ Delete
NAME **MC MICHEN, ISLA C**
STREET ADDRESS **928 AMERICAN BEAUTY ST**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **D** ☐ Delete
NAME **PATRICK, GEORGE**
STREET ADDRESS **4401 FORELAND PLACE**
CITY-ST-ZIP **ORLANDO, FL 32812**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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.

Eddie Shedd

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4-29-2005 321-388-3267

Date

Daytime Phone #