


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N31720 1. Entity Name ANTIOCH CEMETERY MEMORIAL FUND, INC.	
---	---

Principal Place of Business C/O TERRY MCDAVID 178 SOUTH HERNANDO STREET LAKE CITY, FL 32025	Mailing Address C/O TERRY MCDAVID 178 SOUTH HERNANDO STREET LAKE CITY, FL 32025
--	--

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 50-0160061	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

MCDAVID, TERRY
178 SE HERNANDO AVE.
LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

000000787769
 01/18/08-80014-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CELLON, BILL P.O. BOX 77 LA CROSSE, FL 32658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLSON, MARY LOUISE PO BOX 177 LACROSS, FL 32658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCDAVID, HAROLD 6119 WEST BLVD MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mary Louise Colson 1-17-2008 386-462-1753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #