

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N33932 1. Entity Name THE KINSEY CEMETERY FUND, INC.					
Principal Place of Business 600 MANANA RANCH RD. MONTICELLO, FL 32344			Mailing Address 600 MANANA RANCH RD. MONTICELLO, FL 32344		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOK, MARGIE H 600 MANANA RANCH ROAD MONTICELLO, FL 32344				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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOK, MARGIE H	NAME	U00000185017		
STREET ADDRESS	600 MANANA ROAD	STREET ADDRESS	01/20/05-80055-015 61.25		
CITY - ST - ZIP	MONTICELLO, FL 32344	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWICKLEY, EVELYN	NAME			
STREET ADDRESS	478 MANANA RANCH ROAD	STREET ADDRESS			
CITY - ST - ZIP	MONTICELLO, FL 32344	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATFIELD, ROBERT	NAME			
STREET ADDRESS	3224 BODMIN DR.	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32317	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARK, AMANDA	NAME			
STREET ADDRESS	3502 AUCILLA ROAD	STREET ADDRESS			
CITY - ST - ZIP	MONTICELLO, FL 32344	CITY - ST - ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATFIELD, WILLIAM	NAME			
STREET ADDRESS	709 WHIPPERWILL RD.	STREET ADDRESS			
CITY - ST - ZIP	MONTICELLO, FL 32342	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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)(f), 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:		1-10-05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			