

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2966531** ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent

**COOK, MARGIE H
600 MANANA RANCH ROAD
MONTICELLO FL 32344**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, MARGIE H 600 MANANA ROAD MONTICELLO FL 32344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWICKLEY, EVELYN 478 MANANA RANCH ROAD MONTICELLO FL 32344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATFIELD, ROBERT 3224 BODMIN DR. TALLAHASSEE FL 32317	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, AMANDA 3502 AUCILLA ROAD MONTICELLO FL 32344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HATFIELD, WILLIAM 709 WHIPPERWILL RD. MONTICELLO FL 32342	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000396571 01/30/06-80016-012 61.25	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

118-11 097-831