NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

N33932

DOCUMENT # N33932

1. Entity Name
Kinsey Cemetery Fund Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -8 AM 7:54

DO NOT WRITE IN THIS SPACE

210015557942
04/03/03--01061--004 **61.25

55040074
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	600 Mañana Ranch Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Monticello, Fl.
Zip / Country	Zip: 32344 / Country: U.S.

4. FEI Number: 59 2966531 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Margie H. Cook

Street Address (P.O. Box Number is Not Acceptable): 600 Mañana Ranch Rd

City: Monticello FL Zip Code: 32344

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

FEE IS $61.25 Initial or Amended UBR

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	D
NAME	Margie Cook
STREET ADDRESS	600 Mañana Ranch Rd
CITY-ST-ZIP	Monticello, FL 32344
TITLE	T
NAME	Evelyn Swickley
STREET ADDRESS	498 Mañana Ranch Rd
CITY-ST-ZIP	Monticello, Fl. 32344
TITLE	T
NAME	Robert Hatfield
STREET ADDRESS	3224 Badmin Dr.
CITY-ST-ZIP	Tallahassee, Fl. 32317
TITLE	T
NAME	Amanda Clark
STREET ADDRESS	3502 Aucilla Rd
CITY-ST-ZIP	Monticello, Fl. 32344
TITLE	T
NAME	William Hatfield
STREET ADDRESS	409 Whippoorwill Rd.
CITY-ST-ZIP	Monticello, Fl. 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margie Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #