2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State
02-16-2005 90040 037 ****61.25

DOCUMENT # N34011

1. Entity Name
COCONUT GROVE CEMETARY ASSOCIATION, INC.

66008348

Principal Place of Business	Mailing Address
3464 OAK AVE MIAMI, FL 33133	3464 OAK AVE MIAMI, FL 33133

02112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0189456
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, REV. RONALD N DR
3464 OAK AVE
MIAMI, FL 33133

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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 _____ 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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOX, RONALD
STREET ADDRESS	3464 OAK AVE.
CITY-ST-ZIP	COCONUT GROVE, FL
TITLE	SD
NAME	DUPUCH, VERNETTE D.
STREET ADDRESS	3034 INDIANA ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	HALL, WILFRED S.
STREET ADDRESS	3601 FRANKLIN AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	LANE, MARY B
STREET ADDRESS	3451 FLORIDA AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	HALL, ESTELLE A
STREET ADDRESS	3601 FRANKLIN AVE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Ronald N Fox 3-28-04 305-545-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #