

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N34190

1. Entity Name

ALVA CEMETERY, INC.



Principal Place of Business

2581 STYLES RD
ALVA FL 33920

Mailing Address

2581 STYLES RD
ALVA FL 33920

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 (10/04)

4. FEI Number

65-0152896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULL, DAVID M., JR.
22040 SR 80
ALVA FL 33920

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DP	<input type="checkbox"/> Delete
NAME	DANIELS, JAMES H.	
STREET ADDRESS	19141 PERSIMMON RIDGE RD	
CITY- ST- ZIP	ALVA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BULL, DAVID M., JR.	
STREET ADDRESS	2581 STYLE RD	
CITY- ST- ZIP	ALVA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GOLDEN, AUDREY B	
STREET ADDRESS	18480 PARKINSON RD	
CITY- ST- ZIP	ALVA FL 33920	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOMEZ-LIPINCOTT, CHARLOTTE	
STREET ADDRESS	4450 E. 23	
CITY- ST- ZIP	ALVA FL 33920	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARD, PAMELA K	
STREET ADDRESS	18060 RIVERCHASE CT	
CITY- ST- ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000209150
02/02/05-80027-006 61.25

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:

David M. Bull, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 739-728-2173

Date

Daytime Phone #