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

FILED
Apr 22, 2005 8:00 am
Secretary of State
03-04-2005 90072 037 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N38439

1. Entity Name
THE CRAIN CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6561 WINSTON BROWN ROAD MILTON FL 32570 US	6561 WINSTON BROWN ROAD MILTON FL 32570 US

2. Principal Place of Business	3. Mailing Address
7025 Sherman St	7025 Sherman St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton FL	City & State: Milton FL
Zip: 32570 Country: U.S.A.	Zip: 32570 Country: U.S.A.

4. FEI Number: 59-3015638 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, JEANNETTE 6561 WINSTON BROWN RD. MILTON FL 32570	Name: Joan Hinote Street Address (P.O. Box Number is Not Acceptable): 7025 Sherman St City: Milton FL Zip Code: 32570

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: Joan Hinote Joan Hinote 4-20-05
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, JEANNETTE 6561 WINSTON BROWN RD. MILTON FL 32570	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(President) Joan Hinote 7025 Sherman St Milton FL 32570 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROWN, BILLY RT 6 BOX 184 MILTON FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HOBBS, SARAH 7300 JOHNSON RD. MILTON FL 32583	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAUGHTERY, HOWARD 7988 MALONE RD MILTON FL 32870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, DEBRA 7763 PARKER RD. MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENDERSON, VASHTI 104 OLIVER STREET MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joan Hinote Joan Hinote 4-2-05 850-626-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #