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

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N42227 1. Entity Name 04-25-2005 90234 028 ****61.25 FORT CALL CEMETERY ASSOCIATION, INC. Principal Place of Business Mailing Address 20043823 P.O. BOX 182 P.O. BOX 182 LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3110733 Not Applicable Zip . Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ETHELIA C. PERRY BROWN, HOLLIS K. Street Address (P.O. Box Number is Not Acceptable) RT. 5 BOX 4480 LAKE BUTLER FL 32054 3336 HOLLYCREST ORANGE PARK 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, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition CRAWFORD, JAMES NAME 6832 SW 95TH ST STREET ADDRESS STREET ADDRESS HAMPTON FL 32044 CITY-ST-ZIP CITY-ST-ZIP MD TITLE ☐ Delete THIF ☐ Change ☐ Addition DUKES, J.R. NAME RT 2 BOX 597-A STREET ADDRESS STREET ADDRESS LAKE BUTLER FL 32054 CITY-ST-7IP CITY-ST-ZIP TITLE Detete ☐ Change Addition DEES, ALMA NAME NAME STREET ADDRESS PO BOX 84 STREET ADDRESS WORTHINGTON SPRINGS FL 32697 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition CLYATT, BOBBY NAME NAME ROUTE 2, BOX 433-C NA STREET ADDRESS STREET ADDRESS LAKE BUTLER FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition MIZELLE, ROBERT NAME 3624 N E 16TH PL. STREET ADDRESS STREET ADDRESS OCALA FL 34470 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition DOUGLAS, RALPH RT#5, BOX 4862 MUZZY, GRACE NAME RT 2 BOX 417-B STREET ADDRESS STREET ADDRESS LAKE BUTLER FL CITY-ST-7IP CITY-ST-ZIP LAKE 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 of 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.

FILED