

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N42938

1. Entity Name
**MARTIN VANBUREN VANNESS FAMILY CEMETERY
ASSOCIATION/CORPORATION**



Principal Place of Business
**PO BOX 226
LECANTO, FL 34460 US**

Mailing Address
**PO BOX 226
LECANTO, FL 34460 US**



05082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3070614

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN NESS, THOMAS M JR. ESQ
1205 N. MEETING TREE BLVD.
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000951126
06/04/08-80020-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HINKLE, DAVID M
STREET ADDRESS	3551 NE 150TYH AVE.
CITY - ST - ZIP	WILLISTON, FL 32898
TITLE	D
NAME	NAYLOR, DOUGLAS
STREET ADDRESS	PO BOX 226
CITY - ST - ZIP	LECANTO, FL 34460
TITLE	D
NAME	CROFT, DAVID
STREET ADDRESS	3680 W STARLIGHT PATH
CITY - ST - ZIP	LECANTO, FL 34461
TITLE	D
NAME	CHAPPELL, CARLTON
STREET ADDRESS	2031 HILL-N-DALE NORTH
CITY - ST - ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	VAN NESS, WALTER R
STREET ADDRESS	4881 E. VANNESS RD.
CITY - ST - ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas Naylor **Douglas Naylor** 5-8-08 352 3025565