

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

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**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90045 035 \*\*\*\*70.00

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1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N45428</b> 1. Entity Name <b>SOUTHSIDE OAK GROVE CEMETARY, INC.</b>					
Principal Place of Business <b>POST OFFICE BOX 497 UMATILLA FL 32784</b>			Mailing Address <b>POST OFFICE BOX 497 UMATILLA FL 32784</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>AP-PLIED FOR</b>			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CARROLL, BERTHA M 38625 MARSHALL ST. UMATILLA FL 32784</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, SABRINA D		NAME		
STREET ADDRESS	603 DOROTHY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, BRENDA D		NAME		
STREET ADDRESS	38323 CHURCH ST.		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, BERTHA M.		NAME		
STREET ADDRESS	38625 MARSHALL STREET		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNEALY, HORACE		NAME		
STREET ADDRESS	2300 HARLEM AVE.		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEATHERSPOON, HENRY		NAME		
STREET ADDRESS	38231 CHURCH ST.		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, LORETTA		NAME		
STREET ADDRESS	17125 ORANGE STREET		STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL 32784		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Bertha M. Carroll</i> <i>Pres.</i> <i>3 5/14/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					