


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 025 ****61.25

DOCUMENT # N49020 1. Entity Name MACEDONIA CEMETERY FUND, INC.					
Principal Place of Business 12544 BASS RD. LIVE OAK, FL 32060 US				Mailing Address 115 MANOR ST LIVE OAK, FL 32064 US	
2. Principal Place of Business		3. Mailing Address Alice M. Bass 11443 113th Road Live Oak FL 32060			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent COLLINS, TOMMYE 12544 BASS RD LIVE OAK, FL 32060				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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when contesting)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D MCMILLAN III, FILMORE 1404 DARROW AVENUE LIVE OAK, FL 32064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TOMMYE 12544 BASS RD. LIVE OAK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ANDREW C. 12675 129TH RD. LIVE OAK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, NANCY 115 MANOR ST LIVE OAK, FL	<input checked="" type="checkbox"/> Delete Deceased			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. 10020 129TH RD. LIVE OAK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alice M. Bass 11443 113th Rd. Live Oak FL 32060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. 10020 129TH RD. LIVE OAK, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. 10020 129TH RD. LIVE OAK, FL	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tommye Collins					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 8-24-05					
Daytime Phone # 386-364-9501					