


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N49020
 1. Entity Name
MACEDONIA CEMETERY FUND, INC.



Principal Place of Business
**12544 BASS RD.
 LIVE OAK, FL 32060 US**

Mailing Address
**ALICE M. BASS
 11443 113TH ROAD
 LIVE OAK, FL 32060 US**



01182008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3166897 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLLINS, TOMMYE
 12544 BASS RD
 LIVE OAK, FL 32060**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000401920
 02/02/06-80064-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN III, FILMORE 1404 DARROW AVENUE LIVE OAK, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, TOMMYE 12544 BASS RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ANDREW C. 12875 129TH RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, ALICE M 11443 113TH RD. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, CARTER A. 10020 129TH RD. LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Tommye Collins* **1-19-06** **386-362-3720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #