


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N92000000486	
<b>1. Entity Name</b> HOUSTON COMMUNITY CEMETERY INC.	

<b>Principal Place of Business</b> 1608 N.E. DUVAL STREET LIVE OAK, FL 32060 US	<b>Mailing Address</b> 1608 N.E. DUVAL STREET LIVE OAK, FL 32060 US
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01182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3148287	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ALLEN, MARY E 9420 CITY RD 417 LIVE OAK, FL 32060
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S FORD, LONNIE 9504 US 90 LIVE OAK, FL 32060
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S ALLEN-BEASLEY, MARY E 9420 CTY RD 417 LIVE OAK, FL 32060
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR FORD, SHIRPLEY 9622 93RD RD. LIVE OAK, FL 32060
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TR ELWOOD, PERRY 10660 CR 417 LIVE OAK, FL 32060
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T ROUNDTREE, RALPH 7793 86TH ST LIVE OAK, FL 32060
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	P COOK, THELMA D 1608 N.E. DUVAL STREET LIVE OAK, FL 32060

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02/25/04-80061-014 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary E. Allen-Benny **2-23-04** **386-364 4754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #