


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N92000000486 1. Entity Name HOUSTON COMMUNITY CEMETERY INC.	
--	---

Principal Place of Business 1608 N.E. DUVAL STREET LIVE OAK, FL 32060 US	Mailing Address 1608 N.E. DUVAL STREET LIVE OAK, FL 32060 US
--	--



01232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent ALLEN, MARY E 9420 CITY RD 417 LIVE OAK, FL 32060	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 _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	FORD, LONNIE
STREET ADDRESS	9504 US 90
CITY- ST- ZIP	LIVEOAK, FL 32060
TITLE	S
NAME	ALLEN-BEASLEY, MARY E
STREET ADDRESS	9420 CTY RD 417
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	TR
NAME	FORD, SHIRPLEY
STREET ADDRESS	9622 93RD RD.
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	TR
NAME	ELWOOD, PERRY
STREET ADDRESS	10660 CR 417
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	ROUNDTREE, RALPH
STREET ADDRESS	7793 86TH ST
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	P
NAME	COOK, THELMA D
STREET ADDRESS	1608 N.E. DUVAL STREET
CITY- ST- ZIP	LIVE OAK, FL 32060

U00000534922
05/08/06-80032-011 70.00

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: Mary E. Allen-Beasley 4-21-06 386-364-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #