


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N92000000486 1. Entity Name HOUSTON COMMUNITY CEMETERY INC.	
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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
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3148287	Applied For 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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

U00000904984
05/01/08-80035-005 70.00

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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: Mary E. Allen-Beasley 4-14-08 386-3644754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #