

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 029 ****61.25

DOCUMENT # N92000000486(2)

1. Entity Name
Houston Community Cemetery
1608 N.E. Duval Street
Live Oak, Fl. 32060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3148287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lonnie Ford 9504 U.S.90 Live Oak, Fl. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary E. Allen-Beasley Secretary 9420 Cty Rd. 417 Live Oak, Fl. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley Ford 9622 93rd Rd. Live Oak, Fl. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elwood Perry 10660 CR 417 Live Oak, Fl. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Roundtree 7793 86th Street Live Oak, Fl. 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thelma D. Cook 1608 Ne.E. Duval Street Live Oak, Fl. 32060

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E. Allen-Beasley

4-9-03

386-364-4754

CR2E037B (12/02)