2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001232

1. Entity Name
ORIGINAL PALLBEARERS DISTRICT #1, INC.

Principal Place of Business	Mailing Address
CR 136 LIVE OAK, FL	2890 145TH ROAD LIVE OAK, FL 32060-233 US

01302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
99-3472526
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, DORE D
2890 145TH RD
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 _____ 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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLIS, CARBIE
STREET ADDRESS	4600 89TH ROAD
CITY-ST-ZIP	LIVE OAK, FL
TITLE	D
NAME	MARTIN, ROSA L
STREET ADDRESS	211 TAYLOR AVE.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	ELLIS, SUSIE
STREET ADDRESS	4600 89TH RD
CITY-ST-ZIP	LIVE OAK, FL
TITLE	D
NAME	BROWN, DORE
STREET ADDRESS	2890 145TH ROAD
CITY-ST-ZIP	LIVE OAK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000139347
04/29/04-80118-006 61.25

DO NOT WRITE 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dore D Brown Dore D Brown 1-30-04 386-842-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #