

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001447

FILED
Jan 03, 2006
Secretary of State

Entity Name: BROWN-BUSH-TINDEL PERPETUAL TRUST CEMETERY FUND, INC.

Current Principal Place of Business:

1118 11TH AVENUE
GRACEVILLE, FL 32440

New Principal Place of Business:

1088 HWY. 173
GRACEVILLE, FL 32440

Current Mailing Address:

1118 11TH AVENUE
GRACEVILLE, FL 32440

New Mailing Address:

1088 HWY. 173
GRACEVILLE, FL 32440

FEI Number: 59-6980995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSH, SIDNEY C
1118 11TH AVENUE
GRACEVILLE, FL 32440 US

Name and Address of New Registered Agent:

TATE, DONNA K
1088 HWY. 173
GRACEVILLE, FL 32440 US

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.

SIGNATURE: DONNA TATE

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUSH, LEONARD D
Address: 3634 BUSH RD
City-St-Zip: GRACEVILLE, FL 32440

Title: VPD () Delete
Name: SAWYER, JOHNNY M
Address: 1071 HWY 173
City-St-Zip: GRACEVILLE, FL 32440

Title: STD () Delete
Name: BUSH, SIDNEY C
Address: 1118 11TH AVENUE
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: TATE, DONNA K
Address: 1088 HWY. 173
City-St-Zip: GRACEVILLE, FL 32440

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA TATE

STD

01/03/2006

Electronic Signature of Signing Officer or Director

Date