

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90031 004 ****61.25

DOCUMENT # N95000002027

1. Entity Name

PHILIPPI BAPTIST CHURCH CEMETERY ASSOC., INC.



Principal Place of Business

**1445 SE CR 18
LAKE CITY FL 32024**

Mailing Address

**1445 SE CR 18
LAKE CITY FL 32024**

2. Principal Place of Business - No P.O. Box #

1445 SE CR.18

3. Mailing Address

1445 SE CR. 18

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, Fl.

City & State

Lake City, Fl.

4. FEI Number

59-3294053

Applied For

Not Applicable

Zip

32024

Country

Columbia

Zip

32024

Country

Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STALNAKER, NANCY
422 SW STALNAKER CT
FORT WHITE FL 32038**

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

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 **D** ☐ Delete
NAME **DEMPEY, NORETIA**
STREET ADDRESS **RT 2 BOX 5145**
CITY- ST- ZIP **LAKE CITY FL 32024**

TITLE **P** ☐ Delete
NAME **EDWARDS, SARAH T**
STREET ADDRESS **ROUTE 10 BOX 700**
CITY- ST- ZIP **LAKE CITY FL**

TITLE **VP** ☐ Delete
NAME **CASON, LILLIAN M**
STREET ADDRESS **ROUTE 2 BOX 5159**
CITY- ST- ZIP **LAKE CITY FL**

TITLE **ST** ☐ Delete
NAME **STALNAKER, NANCY**
STREET ADDRESS **422 SW STALNAKER CT**
CITY- ST- ZIP **FORT WHITE FL 32038**

TITLE **D** ☐ Delete
NAME **HOLTON, IDELL**
STREET ADDRESS **ROUTE 2**
CITY- ST- ZIP **LAKE CITY FL**

TITLE **D** ☐ Delete
NAME **GRAHAM, NEVIN W**
STREET ADDRESS **4236 SE CR 18**
CITY- ST- ZIP **LAKE CITY FL 32025**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Juanita West**
STREET ADDRESS **3518 SE October**
CITY- ST- ZIP **Lake City, Fl. 32025**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Nancy Stalnak *Nancy Stalnak* *2-09-08 386-497-3241*