

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003438

1. Entity Name
SAMFORD CEMETERY ASSOCIATION INC.



Principal Place of Business
5411 RUTH MORRIS ROAD
WIMAUMA, FL 33598

Mailing Address
P.O. BOX 921
WIMAUMA, FL 33598 US

FILED
May 28, 2004 08:00 AM
Secretary of State



05262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3343642

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUNTING, SUSAN M
5411 RUTH MORRIS ROAD
WIMAUMA, FL 33598

**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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BUNTING, SUSAN M 5411 RUTH MORRIS ROAD WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DEIREE 5411 RUTH MORRIS ROAD WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYTON, EDITH 5025 WEST TOUCHTONE ROAD DOVER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLION, JENNIFER 5411 RUTH MORRIS ROAD WIMAUMA, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIMBEL, TONYA 12304 YELLOW ROSE CIR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYER, JODIE 18606 CARLION LAKE RD LITHIA, FL

000000161716
05/28/04-80001-014 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-24-04

Date

Daytime Phone #