

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90025 021 ****61.25



DOCUMENT # N97000000036
1. Entity Name
MT. OLIVET-MANNTOWN CEMETERY, INC.

Principal Place of Business Mailing Address
COUNTY RD. #125 **P.O. BOX 532**
GLEN ST. MARY FL 32040 **MACCLENNY FL 32063**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number **43-2056580** Applied For
-52-2148372 Not Applicable

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

6. Name and Address of Current Registered Agent
FRASER, CARL B
821 BOBBY SAPP RD.
MACCLENNY FL 32063

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DP FRASER, CARL B 821 BOBBY SAPP RD. MACCLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANN, W.T. (BUCK) P.O. BOX 192 N/A SANDERSON FL 32087 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FISER, FAY 562 JONATHAN ST MACCLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISER, CONRAD L 562 JONATHAN ST MACLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, BILLY RT. 1 BOX 532 N/A MACLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD, SCHELL P.O. BOX 144 N/A GLEN ST. MARY FL 32040 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Fay Fiser Fay Fiser Secy./Trea. Date 4-02-05 Daytime Phone # 904-259-2596



ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0532949175
Aug. 06, 2004 LTR 147C
43-2056580 000000 00 000

01618

BODC: SB

40049330
N97000000036

MANNTOWN CEMETERY ASSOCIATION
% CARL B FRASER
PO BOX 532
MACCLENNY FL 32063

Employer Identification Number: 43-2056580

Dear Taxpayer:

Thank you for the inquiry dated July 28, 2004.

Your employer identification number (EIN) is 43-2056580. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

William Measure
Operations Mgr., Accounts Mgt. I

Enclosure(s):
Copy of this letter