

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

COUNTY RD. #125
GLEN ST. MARY FL 32040

Mailing Address

P.O. BOX 532
MACCLENNY FL 32063



2. Principal Place of Business

3. Mailing Address

1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-2056580**
52-2148372

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FRASER, CARL B
821 BOBBY SAPP RD.
MACCLENNY FL 32063

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, 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

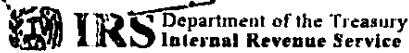
TITLE	DP	<input type="checkbox"/> Delete
NAME	FRASER, CARL B	
STREET ADDRESS	821 BOBBY SAPP RD.	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, W.T. (BUCK)	
STREET ADDRESS	P.O. BOX 192 N/A	
CITY-ST-ZIP	SANDERSON FL 32087	
TITLE	STD	<input type="checkbox"/> Delete
NAME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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Secy./Trea. 4-02-05 904.259.2596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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
MACCLENLY 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