

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000036

FILED
Aug 06, 2007
Secretary of State

Entity Name: MT. OLIVET-MANNTOWN CEMETERY, INC.

Current Principal Place of Business:

COUNTY RD. #125
GLEN ST. MARY, FL 32040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1236
GLEN ST. MARY, FL 32040

New Mailing Address:

FEI Number: 43-2056580 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRASER, TATE
7482 FRASER RD.
GLEN ST. MARY, FL 32040 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRASER, TATE
Address: 7482 FRASER RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: PADGETT, JUANICE
Address: 10380 N. GLEN AVE.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: STD () Delete
Name: FRASER, CHARLOTTE
Address: 6807 GLEN HILLS LANE
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: FISER, CONRAD L
Address: 562 JONATHAN ST
City-St-Zip: MACLENNY, FL 32063

Title: D () Delete
Name: DAVIS, LARRY
Address: 6720 HAMILTON CREWS RD.
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Delete
Name: JAMES, CAROL
Address: 10006 PERSIMMON RD.
City-St-Zip: MACLENNY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TATE FRASER

DP

08/06/2007

Electronic Signature of Signing Officer or Director

Date