

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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 008 ****61.25

DOCUMENT # N98000001438

1. Entity Name

BUTLER CEMETERY ASSOCIATION, INC.



Principal Place of Business

**BUTLER CEMETERY RD.
HORSESHOE BEACH FL 32648**

Mailing Address

**P.O. BOX 1
HORSESHOE BEACH FL 32648**

2. Principal Place of Business

Butler Cemetery Road

3. Mailing Address

PO Box 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Horseshoe Bch, FL

City & State

Horseshoe Bch, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32648

Country

Dixie

Zip

32648

Country

Dixie

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLINE, EVONNE V
BUTLER CEMETERY ROAD
HORSESHOE BEACH FL 32648**

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

Evonne V. Cline

Evonne V. Cline

Feb 22, 2005

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
VALENTINE, STEVE
RT. 1 BOX 157 HWY 351
HORSESHOE BEACH FL 32648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCT
BUTLER, C.A.
RT. 1 BOX 144 HWY. 351
HORSESHOE BEACH FL 32648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
POLK, MARION
RT. 1 HWY 351
HORSESHOE BEACH FL 32648**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE ☐ Change ☐ 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 lines empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2005 352-498-3128

Date

Daytime Phone #