2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001438

1. Entity Name

BUTLER CEMETERY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BUTLER CEMETERY RD. HORSESHOE BEACH FL 32648	P.O. BOX 1 HORSESHOE BEACH FL 32648

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Butler Cemetery Road	PO Box 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Horseshoe Bch FL	City & State:
Zip: 32648 Country: Dixie	Zip: 32648 Country: Dixie USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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
CLINE, EVONNE V BUTLER CEMETERY ROAD HORSESHOE BEACH FL 32648	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 2-7-06

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT VALENTINE, STEVE RT. 1 BOX 157 HWY 351 HORSESHOE BEACH FL 32648	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT BUTLER, C.A. RT. 1 BOX 144 HWY. 351 HORSESHOE BEACH FL 32648	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POLK, MARION RT. 1 HWY 351 HORSESHOE BEACH FL 32648	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-7-06