


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90052 044 \*\*\*\*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
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # <i>Butler Cemetery Rd</i>	3. Mailing Address <i>PO Box 1</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Horseshoe Beach, FL</i>	City & State <i>Horseshoe Bch, FLA.</i>
Zip <i>32648</i>	Zip <i>32648</i>
Country <i>Dixie</i>	Country <i>USA</i>

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CLINE, EVONNE V BUTLER CEMETERY ROAD HORSESHOE BEACH FL 32648	
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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*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing.) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VCT BUTLER, C.A. RT. 1 BOX 144 HWY. 351 HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T POLK, MARION RT. 1 HWY 351 HORSESHOE BEACH FL 32648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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 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: *[Signature]* *Jan 31, 2007* *352-498-3128*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #