

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

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N98000005581

1. Entity Name

THE JOHN CONNER GRAHAM CEMETERY, INC.



Principal Place of Business

Mailing Address

4521 N.E. 112TH AVENUE
SILVER SPRINGS FL 34488

4521 N.E. 112TH AVENUE
SILVER SPRINGS FL 34488



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARMER, CAROLINE W
4521 N.E. 112TH AVENUE
SILVER SPRINGS FL 34488

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, 2007

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 PD ☐ Delete
NAME FARMER, CAROLINE W
STREET ADDRESS 4521 N.E. 112TH AVENUE
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE ☐ Change ☐ Addition
NAME **000000690374**
STREET ADDRESS **04/12/07-80007-020 61.25**
CITY-STATE-ZIP

TITLE VPD ☐ Delete
NAME HOPKINS, TERRY G
STREET ADDRESS 4600 N.E. 112TH AVENUE
CITY-STATE-ZIP SILVER SPRINGS FL 34488

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

TITLE STD ☐ Delete
NAME JONES, FRANCES M
STREET ADDRESS POST OFFICE BOX 215 N/A
CITY-STATE-ZIP SILVER SPRINGS FL 34489

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

TITLE D ☐ Delete
NAME GANNETT, PATRICIA
STREET ADDRESS 4749 N.E. 112TH AVENUE
CITY-STATE-ZIP SILVER SPRINGS FL 34488

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

TITLE D ☐ Delete
NAME MARSEE, PATRICIA
STREET ADDRESS POST OFFICE BOX 2109 N/A
CITY-STATE-ZIP SILVER SPRINGS FL 34489

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

TITLE D ☐ Delete
NAME MCCREARY, ELAINE
STREET ADDRESS POST OFFICE BOX 1328
CITY-STATE-ZIP BUNNELL FL 32110

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

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: *Caroline W. Farmer, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

352-625-2395

Date

Daytime Phone #