

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000005581**

1. Entity Name

THE JOHN CONNER GRAHAM CEMETERY, INC.



Principal Place of Business

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

Mailing Address

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



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

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3545749

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

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 is not used when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000000914470  
STREET ADDRESS 05/08/08-80058-014 61.25  
CITY-ST-ZIP

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

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

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

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

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 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 P* *Caroline W. Farmer* 4-18-08