

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90001 008 \*\*\*\*61.25

**DOCUMENT # N99000005745**

1. Entity Name

**NORTHSIDE CEMETERY MANAGEMENT CORP.**



Principal Place of Business

P.O. BOX 1  
MAYO FL 32066  
US

Mailing Address

P.O. BOX 1  
MAYO FL 32066  
US

2. Principal Place of Business

P.O. Box 1

3. Mailing Address

P.O. Box 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAYO, FL

City & State

MAYO, FL

Zip

32066

Country

US

Zip

32066

Country

US

4. FEI Number

59-3606453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, DONNA C  
1055 SE CR 405  
MAYO FL 32066

7. Name and Address of New Registered Agent

Name **LAND, DONNA C.**

Street Address (P.O. Box Number is Not Acceptable)

**1055 SE CR 405**

City **MAYO**

**FL**

Zip Code **32066**

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, 2004**

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	D	<input type="checkbox"/> Delete
NAME	GEIGER, WILLIAM H	
STREET ADDRESS	2501 N. NELSON STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEIGER, LEE ANNE F	
STREET ADDRESS	2501 N. NELSON STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEIGER, ELIZABETH ANNA	
STREET ADDRESS	2501 N. NELSON STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEIGER, LEAH MICHELLE	
STREET ADDRESS	2501 N. NELSON STREET	
CITY-ST-ZIP	ARLINGTON VA 22207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAWSON, DONNA C	
STREET ADDRESS	1055 SE CR 405	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAND, BETTY	
STREET ADDRESS	PO BOX 566	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:**

**DONNA C. LAND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/04 386-294-1623**