

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005745

FILED
Apr 07, 2006
Secretary of State

Entity Name: NORTHSIDE CEMETERY MANAGEMENT CORP.

Current Principal Place of Business:

P.O. BOX 1
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 59-3606453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAND, DONNA C
1055 SE CR 405
MAYO, FL 32066 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEIGER, WILLIAM H
Address: 2501 N. NELSON STREET
City-St-Zip: ARLINGTON, VA 22207

Title: D () Delete
Name: GEIGER, LEE ANNE F
Address: 2501 N. NELSON STREET
City-St-Zip: ARLINGTON, VA 22207

Title: D () Delete
Name: GEIGER, ELIZABETH ANNA
Address: 2501 N. NELSON STREET
City-St-Zip: ARLINGTON, VA 22207

Title: D () Delete
Name: GEIGER, LEAH MICHELLE
Address: 2501 N. NELSON STREET
City-St-Zip: ARLINGTON, VA 22207

Title: ST () Delete
Name: LAND, DONNA C
Address: 1055 SE CR 405
City-St-Zip: MAYO, FL 32066

Title: VP () Delete
Name: LAND, BETTY
Address: PO BOX 566
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA C. LAND

ST

04/07/2006

Electronic Signature of Signing Officer or Director

Date