


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007544
 1. Entity Name
 CEDARS OF LEBANON CEMETERY, INC.



Principal Place of Business: S.E. 55 COURT INGLIS, FL 34449
 Mailing Address: POST OFFICE BOX 441 INGLIS, FL 34449



DO NOT WRITE IN THIS SPACE

03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-3637930
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FOWLER, ELDRIDGE
 S.E. 55 COURT
 INGLIS, FL 34449

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1000000309379
 04/16/05-80035-005 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOWLER, ELDRIDGE
STREET ADDRESS	POST OFFICE BOX 441
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	RUNNELS, KELLY D
STREET ADDRESS	32 OUR ROAD
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	CROSSMAN, ROGER
STREET ADDRESS	11231 S.E. 112TH TRAIL
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	STEPHENS, MELVENA
STREET ADDRESS	19451 S.E. BUTLER ROAD
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	HUDSON, MARY
STREET ADDRESS	190 HUDSON STREET
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	D
NAME	STEPHENS, EARL
STREET ADDRESS	19451 S.E. BUTLER ROAD
CITY-ST-ZIP	INGLIS, FL 34449

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elndre J. Fowler 3-31-05 352-536-0930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #