

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10930

FILED
Apr 07, 2009
Secretary of State

Entity Name: WEBSTER CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

10898 S. HWY 471
P.O. BOX 1296
WEBSTER, FL 33597 US

New Principal Place of Business:

624 SE 3RD AVE.
WEBSTER, FL 33597 US

Current Mailing Address:

P.O. BOX 933
WEBSTER, FL 33597

New Mailing Address:

FEI Number: 59-1692170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBSON, SHIRLEY
10898 S. HWY 471
PO BOX 1296
WEBSTER, FL 33597 US

Name and Address of New Registered Agent:

DOBSON, SHIRLEY
10898 S. HWY 471
WEBSTER, FL 33597 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RADNEY, LILLIAN
Address: 8359 S R 471
City-St-Zip: WEBSTER, FL

Title: VD () Delete
Name: BURTON, PENNY
Address: 696 E BELT AVE
City-St-Zip: BUSHNELL, FL 33513

Title: TD () Delete
Name: SPARKMAN, MARTHA ANN
Address: 1623 CR 718
City-St-Zip: WEBSTER, FL 33597

Title: P () Delete
Name: DODSON, SHIRLEY
Address: 10898 S HWY 471
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: WILSON, JOHN
Address: P.O. BOX 632
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: REDDISH, LARRY
Address: PO BOX 41
City-St-Zip: WEBSTER, FL 33597

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSON, BILL
Address: P.O. BOX 484
City-St-Zip: WEBSTER, FL 33597

Title: D (X) Change () Addition
Name: REDDISH, LARRY
Address: PO BOX 41
City-St-Zip: WEBSTER, FL 33597

I hereby certify that the information supplied with this filing does not qualify 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: MARTHA ANN SPARKMAN

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04/07/2009

Electronic Signature of Signing Officer or Director

Date