

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2009  
Secretary of State**

DOCUMENT# N42938

**Entity Name:** MARTIN VANBUREN VANNESS FAMILY CEMETERY ASSOCIATION/CORPORATION

**Current Principal Place of Business:**

PO BOX 226  
LECANTO, FL 34460 US

**New Principal Place of Business:**

360 CROFT AVENUE  
INVERNESS, FL 34452 US

**Current Mailing Address:**

PO BOX 226  
LECANTO, FL 34460 US

**New Mailing Address:**

**FEI Number:** 59-3070614      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VAN NESS, THOMAS M JR. ESQ  
1205 N. MEETING TREE BLVD.  
CRYSTAL RIVER, FL 34429 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: HINKLE, DAVID M  
Address: 3551 NE 150TYH AVE.  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: NAYLOR, DOUGLAS  
Address: PO BOX 226  
City-St-Zip: LECANTO, FL 34460

Title: D ( ) Delete  
Name: CROFT, DAVID  
Address: 3680 W STARLIGHT PATH  
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete  
Name: CHAPPELL, CARLTON  
Address: 2031 HILL-N-DALE NORTH  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Delete  
Name: VAN NESS, WALTER R  
Address: 4881 E. VANNESS RD.  
City-St-Zip: HERNANDO, FL 34442

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

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: DOUGLAS NAYLOR

D

05/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date