


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 730139</b>	
1. Entity Name TILLOTSON FAMILY CEMETARY, INC.	

Principal Place of Business 13330 SINGLETON ST. JACKSONVILLE, FL 32225 US	Mailing Address 13330 SINGLETON ST. JACKSONVILLE, FL 32225 US
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05062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1578482	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

NANCY L. PEIFFER  
13330 SINGLETON ST.  
JACKSONVILLE, FL 32225

**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 September 12, 2008**

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

U00000950863  
06/04/08-800008-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANNON, CLARENCE C 13270 SINGLETON ST. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, ANDREW 1415 BROAD ST MAYPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGRAM, MILDRED K. 1820 SEVILLA BLVD., UNIT 205 ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPER, MILLARD 876 PIONEER DR. ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIFFER, NANCY 13330 SINGLETON ST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RANDY 4641 RIBAUT PARK RD MAYPORT, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Nancy L. Peiffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-08

Date

(904) 221-3939

Daytime Phone #