

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730139

Entity Name: TILLOTSON FAMILY CEMETARY, INC.**Current Principal Place of Business:**13330 SINGLETON ST.
JACKSONVILLE, FL 32225**Current Mailing Address:**13330 SINGLETON ST.
JACKSONVILLE, FL 32225 US**FEI Number:** 59-1578482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEIFFER, NANCY LRA
13330 SINGLETON ST.
JACKSONVILLE, FL 32225 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SHANNON, CLARENCE C
Address	13270 SINGLETON ST.
City-State-Zip:	JACKSONVILLE FL 32225

Title	V
Name	THOMPSON, ANDREW
Address	1415 BROAD ST
City-State-Zip:	MAYPORT FL

Title	D
Name	OGRAM, MILDRED K.
Address	1820 SEVILLA BLVD., UNIT 205
City-State-Zip:	ATLANTIC BEACH FL

Title	D
Name	COPPER, MILLARD
Address	876 PIONEER DR.
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	D
Name	PEIFFER, NANCY L
Address	13330 SINGLETON ST
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	THOMPSON, RANDY
Address	4641 RIBAUT PARK RD
City-State-Zip:	MAYPORT FL

I hereby 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 all other like empowered.

SIGNATURE: NANCY L PEIFFER**SEC/TREAS****04/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date