

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759911

Entity Name: MARCO ISLAND CEMETERY, INC.**Current Principal Place of Business:**489 W. ELKCAM CIRCLE
MARCO ISLAND, FL 34145**Current Mailing Address:**489 W. ELKCAM CIRCLE
MARCO ISLAND, FL 34145 US**FEI Number:** 59-2222856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCULLEY, THOMAS C
489 WEST ELKCAM CIRCLE
MARCO ISLAND, FL 34145 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	MCCULLEY, THOMAS C
Address	1190 EMBER COURT
City-State-Zip:	MARCO ISLAND FL 34145

Title	VP
Name	GOLDMAN, ARNOLD
Address	14700 CRANBERRY COURT
City-State-Zip:	NAPLES FL 34114

Title	D
Name	ROACH, ERIC
Address	378 NO. COLLIER BLVD.
City-State-Zip:	MARCO ISLAND FL 34145

Title	DIRECTOR
Name	MURPHY, FRANK
Address	1195 TWIN OAK COURT
City-State-Zip:	MARCO ISLAND FL 34145

Title	DIRECTOR
Name	LANSDOWN, ROY
Address	1370 AUBURNDAL
City-State-Zip:	MARCO ISLAND FL 34145

Title	DIRECTOR
Name	LORENTI, JOHN
Address	9 TAHITI ROAD
City-State-Zip:	MARCO ISLAND FL 34145

Title	TREASURER
Name	MEEKER, TOMMY
Address	938 HUNT COURT
City-State-Zip:	MARCO ISLAND FL 34145

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: THOMAS MCCULLEY**PRESIDENT****02/11/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date