

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000010921

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC6438784177**

**Entity Name:** KENDRICK CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

NW 60TH STREET & NW 33RD AVE.  
OCALA, FL 34475

**Current Mailing Address:**

2105 N.W. 52ND STREET  
OCALA, FL 34475

**FEI Number:** 27-1518190

**Certificate of Status Desired:** No

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

TOWRY, ELIZABETH C  
2105 N.W. 52ND STREET  
OCALA, FL 34475 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 PD  
Name CHAPPELL, CHRISTOPHER  
Address 1125 S.E. 16TH ST.  
City-State-Zip: Ocala FL 34471

Title VD  
Name GALLAGHER, ANITA C  
Address 2121 N.W. 52ND ST.  
City-State-Zip: Ocala FL 34471

Title SECRETARY, TREASURER  
Name TOWRY, ELIZABETH C.  
Address 2105 N.W. 52ND STREET  
City-State-Zip: Ocala FL 34475

*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:** ELIZABETH C. TOWRY

**SECRETARY,  
TREASURER**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

Date