

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000010127

Entity Name: PLYMOUTH MEMORIAL CEMETERY, INC.**Current Principal Place of Business:**3593 HOGSHEAD RD.
PLYMOUTH, FL 32768**Current Mailing Address:**POST OFFICE BOX 136
PLYMOUTH, FL 32768 US**FEI Number:** 90-1027147**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AVERY, MINNIE L
3300 HARRY STREET
APOPKA, FL 32712 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 AVERY, MINNIE L
Address 3300 HARRY STREET
City-State-Zip: APOPKA, FL 32712

Title V
Name WILSON, RALPH
Address 1220 HERMIT SMITH RD.
City-State-Zip: PLYMOUTH FL 32768

Title T
Name BELL, GLADYS F
Address 1248 HERMIT SMITH RD.
City-State-Zip: PLYMOUTH FL 32768

Title S
Name CLARK, MARCIA
Address 3362 JANET STREET
City-State-Zip: PLYMOUTH FL 32712

Title D
Name JOHNSON, LONNIE
Address 2642 AVAPAR COURT
City-State-Zip: ORLANDO FL 32839

Title D
Name MONROE, ARTHUR J
Address 850 HERMIT SMITH ROAD
City-State-Zip: PLYMOUTH FL 32768

Title MEMBER
Name HARPER, CLEMMIE
Address POST OFFICE BOX 898
City-State-Zip: PLYMOUTH FL 32768

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: GLADYS F. BELL**TREASURER****03/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date