

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709221

FILED
Apr 15, 2009
Secretary of State

Entity Name: FRIENDSHIP CHURCH AND CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

804 MOFFITT RD
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

Current Mailing Address:

4074 JOHN CARLTON RD
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 59-1769872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, ARCHIE
4074 JOHN CARLTON RD.
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALLARD, MAURICE
Address: 5TH ST. W
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: ST () Delete
Name: HUGHES, ARCHIE
Address: 4074 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL

Title: VP () Delete
Name: MOSELEY, VIOLET
Address: 1630 N. TOWER RD.
City-St-Zip: AVON PARK, FL

Title: D () Delete
Name: CARLTON, RONNIE
Address: 4372 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL

Title: D () Delete
Name: SMITH, LINDA
Address: 5 HOLLANDTOWN RD.
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: DURRANCE, JOE
Address: 9 S.E. DAVIS RANCH RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HUGHES, ARCHIE
Address: 4074 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VP (X) Change () Addition
Name: MOSELEY, VIOLET
Address: 1630 N. TOWER RD.
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Change () Addition
Name: CARLTON, RONNIE
Address: 4372 JOHN CARLTON RD.
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A.W. HUGHES, JR.

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date