

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716715

FILED
Jan 22, 2009
Secretary of State

Entity Name: FT. MCCOY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

11780 NE 142ND PLACE
P.O. BOX 97
FT. MCCOY, FL 32134

New Principal Place of Business:

11780 NE 142ND PLACE
FT.MCCOY, FL 32134

Current Mailing Address:

11780 NE 142ND PLACE
P.O. BOX 97
FT. MCCOY, FL 32134

New Mailing Address:

P.O.BOX 97
FT. MCCOY, FL 32134 US

FEI Number: 59-3029762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, HOYALENE P.
11780 NE 142ND PLACE
FT MCCOY, FL 32134 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: DST () Delete
Name: THOMAS, HOYALENE P.,
Address: 11780 NE 142ND PLACE
City-St-Zip: FT MCCOY, FL

Title: D () Delete
Name: WELLS, DANIEL J JR
Address: 16701 NE 148TH TERR RD
City-St-Zip: FT MCCOY, FL

Title: D () Delete
Name: HARPER, EVELYN M
Address: 14620 NE 113TH TER
City-St-Zip: FT MCCOY, FL

Title: PD () Delete
Name: HALL, HARMON,
Address: 1500 NE 59TH ST
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: THOMAS, HOYALENE P.,
Address: 11780 NE 142ND PLACE
City-St-Zip: FT MCCOY, FL 32134

Title: D (X) Change () Addition
Name: WELLS, DANIEL J JR
Address: 16701 NE 148TH TERR RD
City-St-Zip: FT MCCOY, FL 32134

Title: D (X) Change () Addition
Name: HARPER, EVELYN M
Address: 14620 NE 113TH TER
City-St-Zip: FT MCCOY, FL 32134

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: HOYALENE P. THOMAS

DST

01/22/2009

Electronic Signature of Signing Officer or Director

Date