

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718491

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MANDARIN CEMETERY, INCORPORATED

**Current Principal Place of Business:**

3720 KORI ROAD  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

3720 KORI ROAD  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: 59-6197791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOLDS, SAM J  
3720 KORI ROAD  
JACKSONVILLE, FL 32257 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: PD ( ) Delete  
Name: JONES, LAWRENCE W  
Address: 2209 BISHOP ESTATES ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD ( ) Delete  
Name: MORROW, WILLIAM S  
Address: 12260 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete  
Name: FOLDS, SAM J JR.  
Address: 3720 KORI ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: JETER, WILLIAM H JR.  
Address: 211 DRAYTON ISLAND RD  
City-St-Zip: GEORGETOWN, FL 32139

Title: D ( ) Delete  
Name: WALSH, JOSPEH  
Address: 14696 S. LONGVIEW ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: HOOVER, NANCY  
Address: 12820 MANDARIN RD  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: SAM J FOLDS

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date