2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 724431

Entity Name: FELLOWSHIP BAPTIST CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

C/O FELLOWSHIP BAPTIST CEMETERY ASSOC.,
OCALA, FL 34478 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1643
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-0380927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTLE, LUCINDA J
19251S.E. 2ND ST
WILLISTON, FL 32696 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:	D	( ) Delete
Name:	MILLER JR, H E,	
Address:	98 N.W. 100TH AVE.	
City-St-Zip:	OCALA, FL 00000,	
Title:	TDS	( ) Delete
Name:	BATTLE, LUCINDA J,	
Address:	19251 S.E. 2ND ST.	
City-St-Zip:	WILLISTON, FL 32696	
Title:	VP	( ) Delete
Name:	GERALDYNE, FIELD	
Address:	10125 NW 28TH PL	
City-St-Zip:	DELRAY BEACH, FL 33482	
Title:	D	( ) Delete
Name:	BATTLE, REGINALD	
Address:	19251 S.E. 2ND ST.	
City-St-Zip:	WILLISTON, FL 32696	
Title:	D	( ) Delete
Name:	HILL, JACK	
Address:	11261 NW 8TH STREET	
City-St-Zip:	OCALA, FL 34482	
Title:	D	( ) Delete
Name:	HOSKINS, TERRY E	
Address:	4969 SW 36TH LANE	
City-St-Zip:	OCALA, FL 34474	

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: LUCINDA J BATTLE TDS 01/19/2009

Electronic Signature of Signing Officer or Director Date