

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724431

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** FELLOWSHIP BAPTIST CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FELLOWSHIP BAPTIST CEMETERY ASSOC.,  
19251SE 2ND ST.  
WILLISTON,, FL 32696 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  
19251 SE 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: P  
Name: FIELD, GERALDYNE  
Address: 10125 NW 28TH PL  
City-St-Zip: OCALA, FL 34482

Title: TS  
Name: BATTLE, LUCINDA J  
Address: 19251 S.E. 2ND ST.  
City-St-Zip: WILLISTON, FL 32696

Title: D  
Name: BATTLE, REGINALD  
Address: 19251 S.E. 2ND ST.  
City-St-Zip: WILLISTON, FL 32696

Title: D  
Name: MALCOLM, FERGUSON  
Address: 10143 NW HWY. 326  
City-St-Zip: OCALA, FL 34482

Title: D  
Name: LEE, DAMON  
Address: 2249 NW 66TH ST.  
City-St-Zip: OCALA, FL 34475

Title: D  
Name: JIMMY, ULRICH  
Address: 5877 NW 64TH ST.  
City-St-Zip: OCALA, FL 34482

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: LUCINDA J. BATTLE

S&T

02/07/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date