

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90089 026 \*\*\*\*61.25

**DOCUMENT # 726410**

1. Entity Name

**KENANSVILLE CEMETERY, INCORPORATED**



Principal Place of Business

100 LAKE MARION RD.  
KENANSVILLE FL 34739

Mailing Address

P.O. BOX 85  
KENANSVILLE FL 34739

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2064739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENKER, AL  
1225 GRANT BASS RD  
KENANSVILLE FL 34739**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Al Denker*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/25/05**  
DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **YATES, ROBERT**  
CITY-ST-ZIP **865 HARVEY RD.  
KENANSVILLE FL 34739**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LOIS VALLEY**  
CITY-ST-ZIP **420 3rd Street  
KENANSVILLE, FL 34739**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DENKER, AL**  
CITY-ST-ZIP **1225 GRANT BASS RD  
KENANSVILLE FL 34739**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **ROWLAND, MARK**  
CITY-ST-ZIP **145 GRANT BASS RD  
KENANSVILLE FL 34739**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **HARVEY, LILLIANE**  
CITY-ST-ZIP **505 HARVEY RD.  
KENANSVILLE FL 34739**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **L**  
STREET ADDRESS **LEE, DOROTHY**  
CITY-ST-ZIP **1420 S. CANOE CREEK ROAD  
KENANSVILLE FL 34739**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **LEE PARTIN**  
CITY-ST-ZIP **925 N. CANOE CREEK ROAD  
KENANSVILLE, FL 34739**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HARVEY, LOLA**  
CITY-ST-ZIP **205 S. POST OFFICE RD.  
KENANSVILLE FL 34739**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lillian M. Harvey* **LILLIANE M. HARVEY** **4/25/05** **407-436-1554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #