

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726410

FILED
Jan 28, 2009
Secretary of State

Entity Name: KENANSVILLE CEMETERY, INCORPORATED

Current Principal Place of Business:

100 LAKE MARION RD.
KENANSVILLE, FL 34739

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85
KENANSVILLE, FL 34739

New Mailing Address:

FEI Number: 59-2064739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENKER, AL
1225 GRANT BASS RD
KENANSVILLE, FL 34739 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: YATES, ROBERT
Address: 865 HARVEY RD.
City-St-Zip: KENANSVILLE, FL 34739

Title: P () Delete
Name: DENKER, AL
Address: 1225 GRANT BASS RD
City-St-Zip: KENANSVILLE, FL 34739

Title: V () Delete
Name: ROWLAND, MARK
Address: 145 GRANT BASS RD
City-St-Zip: KENANSVILLE, FL 34739

Title: S () Delete
Name: HARVEY, LILLIANE
Address: 505 HARVEY RD.
City-St-Zip: KENANSVILLE, FL 34739

Title: T () Delete
Name: PARTIN, LEE
Address: 925 N. CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: D () Delete
Name: HARVEY, LOLA
Address: 205 S. POST OFFICE RD.
City-St-Zip: KENANSVILLE, FL 34739

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: S (X) Change () Addition
Name: HARVEY, LILLIANE
Address: 425 HARVEY RD.
City-St-Zip: KENANSVILLE, FL 34739

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: LILLIANE HARVEY

S

01/28/2009

Electronic Signature of Signing Officer or Director

Date