

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90037 025 ****61.25

DOCUMENT # 741233

1. Entity Name

MARLER CEMETERY, INC.



Principal Place of Business

Mailing Address

C/O JOHN W. MOORE
427 CALHOUN AVENUE
DESTIN FL 32541

C/O JOHN MOORE
427 CALHOUN AVE
DESTIN FL 32541
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1806122

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

MOORE, JOHN, W
427 CALHOUN AVE
DESTIN FL 32541

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARLER, THOMAS E.	
STREET ADDRESS	504 CIRCLE DRIVE NORTHWEST	
CITY ST ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESTIN, DEWEY E.	
STREET ADDRESS	777 SPRINGLAKE DRIVE	
CITY ST ZIP	DESTIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	231 CALHOUN STREET	
CITY ST ZIP	DESTIN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, JOHN, W	
STREET ADDRESS	427 CALHOUN AVE	
CITY ST ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEK, EVELYN	
STREET ADDRESS	603 MIMOSA AVE	
CITY ST ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Clement L.	
STREET ADDRESS	738 Beach Dr	
CITY ST ZIP	DESTIN, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John W. Moore John W. Moore

4-3-07 (850) 837-6329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #