

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741233

FILED
Feb 17, 2009
Secretary of State

Entity Name: MARLER CEMETERY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1806122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN, W
427 CALHOUN AVE
DESTIN, FL 32541 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: PD () Delete
Name: TAYLOR, CLEMENT L
Address: 738 BEACH DR
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: DESTIN, DEWEY E.,
Address: 777 SPRINGLAKE DRIVE
City-St-Zip: DESTIN, FL

Title: V () Delete
Name: TAYLOR, ROBERT,
Address: 231 CALHOUN STREET
City-St-Zip: DESTIN, FL

Title: ST () Delete
Name: MOORE, JOHN, W,
Address: 427 CALHOUN AVE
City-St-Zip: DESTIN, FL

Title: D () Delete
Name: CHEEK, EVELYN,
Address: 603 MIMOSA AVE
City-St-Zip: DESTIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DESTIN, DEWEY E
Address: 777 SPRINGLAKE DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: V (X) Change () Addition
Name: TAYLOR, ROBERT
Address: 231 CALHOUN STREET
City-St-Zip: DESTIN, FL 32541 US

Title: ST (X) Change () Addition
Name: MOORE, JOHN W
Address: 427 CALHOUN AVE
City-St-Zip: DESTIN, FL 32541 US

Title: D (X) Change () Addition
Name: CHEEK, EVELYN
Address: 603 MIMOSA AVE
City-St-Zip: DESTIN, FL 32541 US

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: JOHN W. MOORE

RA

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date