

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748868

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** ROSE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

312 E HARRISON ST  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P O.BOX 1634  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

7704 GREYBIRCH TERRACE  
PORT RICHEY, FL 34688

**FEI Number:** 26-3741061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUARTERMAN, ALFRED P/T  
7704 GREYBIRCH TERRACE  
PORT RICHEY, FL 34668 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  
**Name:** PITTS, CLIFORD J D  
**Address:** PO BOX 1613  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** D  
**Name:** EDWARDS, WILLIE D  
**Address:** 620 TIMBER BAY COURT  
**City-St-Zip:** OLDSMAR,, FL 34677

**Title:** TD/T  
**Name:** WILLIAMS, JANIE J TD/T  
**Address:** 320 HARRISON ST  
**City-St-Zip:** TARPON SPRINGS,, FL 34689

**Title:** P/T  
**Name:** QUARTERMAN, ALFRED P/T  
**Address:** 7704 GREYBIRCH TERRACET  
**City-St-Zip:** PORT RICHEY,, FL 34688

**Title:** CD  
**Name:** HICKS, BOBBIE L CD  
**Address:** 426 OAKWOOD STREET  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**Title:** D  
**Name:** MCNEAL, STANLEY D  
**Address:** 312 E MT LUTHER KING DR  
**City-St-Zip:** TARPON SPRINGS, FL 34689

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:** ALFRED QUARTERMAN

P/T

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date