

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759100

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOPEWELL CHURCH OLD CEMETERY, INC.

Current Principal Place of Business:

6001 SR 39 S
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 192
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-2109524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANGER, CPA PA, DOUGLAS
201 DORT STREET
SUITE A
PLANT CITY, FL 33563 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: P () Delete
Name: WYNN, ELLUISE
Address: 3022 DARBY RD
City-St-Zip: DADE CITY, FL 33525

Title: VP () Delete
Name: KILGORE, DON
Address: 4103 LONGFELLOW DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: S () Delete
Name: DURRANCE, MARTHA
Address: 3472 SILVERSTONE CT
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: FRIERSON, HOYD
Address: 8710 TATUM RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: SNAPP, HUBERT
Address: 301 E MCDONALD ST
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: FULLER, LYNDIA
Address: 6101 STAFFORD RD W
City-St-Zip: PLANT CITY, FL 33566

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: D (X) Change () Addition
Name: FRIERSON, LLOYD
Address: 8710 TATUM RD
City-St-Zip: PLANT CITY, FL 33567

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: NORMA GAYLE HAM

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04/27/2009

Electronic Signature of Signing Officer or Director

Date