

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760094

FILED
Feb 06, 2009
Secretary of State

Entity Name: WELLBORN CEMETERY, INC.

Current Principal Place of Business:

P.O. BOX 174
WELLBORN, FL 32094

New Principal Place of Business:

4394 LOWE LAKE RD.
WELLBORN, FL 32094

Current Mailing Address:

P.O. BOX 174
WELLBORN, FL 32094

New Mailing Address:

FEI Number: 59-2153963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLERAN, EDDIE JOE
4394 LOWE LAKE RD.
WELLBORN, FL 32094 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: MIZELL, RUTH M
Address: 4394 LOWE LAKE RD
City-St-Zip: WELLBORN, FL 32094

Title: STD () Delete
Name: MCLERAN, EDDIE JOE,
Address: 4394 LOWE LAKE RD.
City-St-Zip: WELLBORN, FL 32094

Title: VD () Delete
Name: SKINNER, GEORGE A
Address: RT 8 BOX 32523
City-St-Zip: LAKE CITY, FL 32055

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:

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: EDDIE JOE MCLERAN

STD

02/06/2009

Electronic Signature of Signing Officer or Director

Date