

2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 760127

1. Entity Name
FLORIDA MORTICIANS' ASSOCIATION, INC.



FILED

08 FEB -4 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business
551 W CAROLINA ST
TALLAHASSEE, FL 32301 US

Mailing Address
551 W CAROLINA ST
TALLAHASSEE, FL 32301 US



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

3. Mailing Address

02042008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2926726

Applied For
Not Applicable

Zip Country

Zip Country

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

LAWRENCE, DARRELL
551 W CAROLINA ST
TALL, FL 32301

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 ☐ Delete
NAME RICHARDSON, ALPHONSO
STREET ADDRESS 551 W CAROLINA ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VD ☐ Delete
NAME SHULER, LAMAR
STREET ADDRESS 551 W CAROLINA ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VD ☐ Delete
NAME MITCHELL, BERNARD
STREET ADDRESS 551 W CAROLINA ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE TD ☐ Delete
NAME GAINES, SAMUEL T
STREET ADDRESS 317 N 7TH ST
CITY-ST-ZIP FT PIERCE, FL 34950

TITLE SD ☐ Delete
NAME LAWRENCE, DARRELL
STREET ADDRESS 551 W CAROLINA ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800118356858
STREET ADDRESS 02/19/08--01052--021 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 4, 2008 224-2135