

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760127

FILED
Apr 08, 2009
Secretary of State

Entity Name: FLORIDA MORTICIANS' ASSOCIATION, INC.

Current Principal Place of Business:

551 W CAROLINA ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

551 W CAROLINA ST
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2926726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWRENCE, DARRELL
551 W CAROLINA ST
TALL, FL 32301 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: RICHARDSON, ALPHONSO
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VD () Delete
Name: SHULER, LAMAR
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VD () Delete
Name: MITCHELL, BERNARD
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD () Delete
Name: GAINES, SAMUEL T
Address: 317 N 7TH ST
City-St-Zip: FT PIERCE, FL 34950 US

Title: SD () Delete
Name: LAWRENCE, DARRELL
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MITCHELL, BERNARD
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VD (X) Change () Addition
Name: EPPS, LAWRENCE
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VD (X) Change () Addition
Name: POSTELL, HENRY
Address: 551 W CAROLINA ST
City-St-Zip: TALLAHASSEE, FL 32301 US

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: DARRELL LAWRENCE

SD

04/08/2009

Electronic Signature of Signing Officer or Director

Date