


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90060 043 \*\*\*\*70.00

<b>DOCUMENT # 767790</b> 1. Entity Name <b>THE FORTNER CEMETERY, INC.</b>					
Principal Place of Business 5750 SPENCER PAMIS RD P.O. BOX 689 PARRISH, FL 34219				Mailing Address P.O. BOX 689 PARRISH, FL 34219	
2. Principal Place of Business - No P.O. Box # <b>5750 Spencer Parrish Rd.</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 689</b>			
City & State <b>Parrish FL</b>		City & State <b>Parrish FL</b>		4. FEI Number <b>59-2362997</b>	
Zip <b>34219</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAWLS, DUANE S</b> <b>12021 S.W. SR 72</b> <b>ARCADIA, FL 34266</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAWLS, DUANE S 12021 S.W. SR 72 ARCADIA, FL 34266	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JOSEPH 3012 60TH ST E. PALMETTO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, PAM 5750 SPENCER PARRISH RD PO BOX 131 PARRISH, FL 34219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, LARRY W 905 ALTURAS ROAD BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARY 13402 FRUITVILLE RD SARASOTA, FL 34240	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, HILDA 4309 96TH AVE EAST PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, PAM 5750 SPENCER PARRISH RD. P.O. BOX 689 Parrish, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LYNN Pritchard 13915 Gettis Lee Rd. Parrish, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>Lynne Pritchard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>2/11/08</u> Daytime Phone # <u>9412320968</u>					