

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767790

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE FORTNER CEMETERY, INC.

Current Principal Place of Business:

5750 SPENCER PARRISH RD
P.O. BOX 689
PARRISH, FL 34219

New Principal Place of Business:

5750 SPENCER PARRISH RD
PARRISH, FL 34219

Current Mailing Address:

P.O. BOX 689
PARRISH, FL 34219

New Mailing Address:

FEI Number: 59-2362997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLS, DUANE S
12021 S.W. SR 72
ARCADIA, FL 34266 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: RAWLS, DUANE S
Address: 12021 S.W. SR 72
City-St-Zip: ARCADIA, FL 34266

Title: VD () Delete
Name: SMITH, JOSEPH
Address: 3012 60TH ST E.
City-St-Zip: PALMETTO, FL

Title: SD () Delete
Name: PARRISH, PAM
Address: 5750 SPENCER PARRISH RD POB 689
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: PARRISH, LARRY W
Address: 905 ALTURAS ROAD
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MURPHY, MARY
Address: 13402 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: PRITCHARD, LYNN
Address: 13915 GETTIS LEE RD
City-St-Zip: PARRISH, FL 34219

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: () Change () Addition
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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: PAM PARRISH

SD

01/06/2009

Electronic Signature of Signing Officer or Director

Date