

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003045

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** BARNES FAMILY CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

5349 CR 208  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

5349 CR 208  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PELLICER, CHARLES E  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 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  
Name: BARNES, DOROTHY  
Address: 5445 MOULTRIE WELLS ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD  
Name: LEONARD, LARRY W  
Address: 5349 C.R. 208  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: STD  
Name: LEONARD, JUDITH E  
Address: 5349 CR 208  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: JUDITH E. LEONARD

STD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date