

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002372

FILED
May 14, 2010
Secretary of State

Entity Name: ANDERSON FAMILY CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

8505 CEDAR POINT RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

PO BOX 26034
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 13-4205196 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHARP, MARQUETTA A
8505 CEDAR POINT RD
JACKSONVILLE, FL 32226 US

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: D
Name: SHARP, MARQUETTA A
Address: 8505 CEDAR PT RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: D
Name: GEOGHAGAN, LANE E A
Address: 10131 ALLENE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: ANDERSON NELSON, VICKI L
Address: 1654 CEDAR BAY RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: CLARK, MARY ELLEN A
Address: 1654 CEDAR BAY RD.
City-St-Zip: JACKSONVILLE, FL 32218

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: MARQUETTA ANDERSON SHARP

P

05/14/2010

Electronic Signature of Signing Officer or Director

Date