

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01799

FILED
Jan 19, 2009
Secretary of State

Entity Name: MICANOPY HISTORIC CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

W. SMITH ST.
P. O. BOX 631
MICANOPY, FL 32667

New Principal Place of Business:

401 W. SMITH ST.
P. O. BOX 631
MICANOPY, FL 32667

Current Mailing Address:

W. SMITH ST.
P. O. BOX 631
MICANOPY, FL 32667

New Mailing Address:

401 W. SMITH ST.
P. O. BOX 631
MICANOPY, FL 32667

FEI Number: 59-2374975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON ROBERTS
WHITING RD., BOX 108
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

CARSON ROBERTS
309 WHITING RD.
MICANOPY, FL 32667 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:

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARSON, ROBERTS
Address: 309 SW WHITING STREET
City-St-Zip: MICANOPY, FL 32667

Title: S () Delete
Name: PITCHER, MARTHA
Address: 14600 NW 100 AVE RD
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: ELLIS, CHARLES
Address: 2045 WATER CREST DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D () Delete
Name: ALSTON, K CHARLES
Address: PO BOX 874
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: BOYER, ED
Address: 806 NE 8 ST
City-St-Zip: HAWTHORNE, FL 32640

Title: T () Delete
Name: WEAVER, MARTHA A.
Address: 702 NW SEMINARY AVE
City-St-Zip: MICANOPY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARSON, ROBERTS
Address: 309 SW WHITING RD
City-St-Zip: MICANOPY, FL 32667

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: D (X) Change () Addition
Name: BOYER, ED
Address: 171 STAR LAKE DR
City-St-Zip: HAWTHORNE, FL 32640

Title: T (X) Change () Addition
Name: WEAVER, MARTHA A.
Address: 702 NW SEMINARY AVE
City-St-Zip: MICANOPY, FL 32667

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: CARSON ROBERTS

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date