

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01799

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** MICANOPY HISTORIC CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
309 WHITING RD.  
MICANOPY, FL 32667 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: P  
Name: CARSON, ROBERTS  
Address: 309 SW WHITING ST.  
City-St-Zip: MICANOPY, FL 32667

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

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

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

Title: D  
Name: BOYER, ED  
Address: 171 STAR LAKE DR  
City-St-Zip: HAWTHORNE, FL 32640

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

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: CARSON ROBERTS

P

02/05/2010

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

\_\_\_\_\_  
Date