2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N02000008906

Entity Name: HANCOCK FAMILY CEMETERY, INC.

Current Principal Place of Business:

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: 55-0809227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIRLEY, JUNE
801 SOUTH HOUSTON AVENUE
FT. MEADE, FL 33841 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	( ) Delete
Name:	JUNE, SHIRLEY	
Address:	801 S. HOUSTON AVE	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	V	( ) Delete
Name:	HANCOCK, STEVE	
Address:	4545 ASHFORD DR	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	T	( ) Delete
Name:	ACUFF, JOYCE	
Address:	620 POLK AVE	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	S	( ) Delete
Name:	ACUFF, JOYCE	
Address:	620 N. POLK AVE>	
City-St-Zip:	FORT MEADE, FL 33841	
Title:	D	( ) Delete
Name:	ABERNATHY, SANDRA	
Address:	3325 CR 664	
City-St-Zip:	BOWLING GREEN, FL 33834	
Title:	D	( ) Delete
Name:	HANCOCK, RONNIE	
Address:	355 CARLTON ROAD	
City-St-Zip:	HOMELAND, FL 338420523	

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
Name:	
Address:	
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: JUNE P. SHIRLEY P 03/25/2009

Electronic Signature of Signing Officer or Director — Date