

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005601

FILED
Mar 25, 2010
Secretary of State

Entity Name: HAYNES MEMORIAL HISTORIC CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

802 NORTH DIVISION ST
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 74-3097530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JACQUELYN
707 N. DIVISION STREET
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: DP
Name: STROBLES, STANLEY REV.
Address: 802 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: DVP
Name: GUY, GEORGE
Address: 202 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: DST
Name: JONES, JACQUELYN
Address: 707 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: T
Name: LATSON, LARRY L
Address: P.O. BOX 153, 308 NW 5TH STREET
City-St-Zip: MICANOPY, FL 32667

Title: T
Name: TAYLOR, MARTHA
Address: 702 NW 2ND STYREET
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: STROBLES E STROBLES

PRES

03/25/2010

Electronic Signature of Signing Officer or Director

Date