

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000925

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** MOUNT ZION CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

14651 MT ZION RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

13845 12TH STREET  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 26-0752581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALDWIN, ANNIE L  
13845 12TH ST  
DADE CITY, FL 33525 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: D  
Name: HAMMOND, BETH  
Address: 34008 ST JOE RD  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: BURKETT, TIMOTHY P  
Address: 14737 MT ZION RD  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: BURKETT, CINDY  
Address: 35436 RUFFING RD  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: RICHMOND, SANDRA  
Address: 35436 RUFFING RD  
City-St-Zip: DADE CITY, FL 33523

Title: VP  
Name: BURKETT, SHIRLEY  
Address: 35436 RUFFING RD  
City-St-Zip: DADE CITY, FL 33523

Title: P  
Name: BURKETT, WILLIAM  
Address: 35436 RUFFING RD  
City-St-Zip: DADE CITY, FL 33523

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: WILLIAM BURKETT

P

01/10/2012

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

\_\_\_\_\_  
Date