

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001652

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE YORK RITE BODIES, INC.

**Current Principal Place of Business:**

1237 S. MCDUFF AVE.  
JACKSONVILLE, FL 322508050

**New Principal Place of Business:**

**Current Mailing Address:**

1237 S. MCDUFF AVE.  
JACKSONVILLE, FL 322508050

**New Mailing Address:**

**FEI Number:** 59-1738716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FITZPATRICK, CHESTER L  
2860 CEDARCREST DR.  
ORANGE PARK, FL 32073 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 ( ) Delete  
Name: COOPER, CHARLES R  
Address: 3247 SABAL PALM DR  
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete  
Name: HAMMOND, WALTER M  
Address: 1237 S MCDUFF AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: IRLE, CHARLES F  
Address: 1700 FOREST AVE  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: D ( ) Delete  
Name: TRENT, MICHAEL PETE  
Address: 7372 WENDING CT S  
City-St-Zip: JACKSONVILLE, FL 32244

**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:

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: CHARLES R. COOPER

S

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date