

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001652

FILED  
Mar 23, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1237 S. MCDUFF AVE.  
JACKSONVILLE, FL 322058050 US

**New Principal Place of Business:**

**Current Mailing Address:**

1237 S. MCDUFF AVE.  
JACKSONVILLE, FL 322058050 US

**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:**

COOPER, CHARLES R  
3247 SABAL PALM DRIVE  
JACKSONVILLE, FL 32277 US

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: CHARLES R. COOPER

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: COOPER, CHARLES R  
Address: 3247 SABAL PALM DR  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: D  
Name: OLSEN, THOMAS A  
Address: 3030 WOODVEIL LANE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: D  
Name: KOSCIUSZKO, COREY D  
Address: 1860 GREEN SPRINGS CIRCLE S  
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: D  
Name: DORSEY, JIMMY  
Address: 4946 TOP ROYAL LANE  
City-St-Zip: JACKSONVILLE, FL 32277 US

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: THOMAS A. OLSEN

D

03/23/2012

Electronic Signature of Signing Officer or Director

Date