

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005708

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: BISHOP FAMILY CEMETERY, INC.

**Current Principal Place of Business:**

108 ALDER AVE.  
APT. 1  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

108 ALDER AVE.  
APT 1  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 26-2511135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BISHOP, TOM  
108 ALDER AVENUE  
APT. 1  
FT. WALTON BEACH, FL 32548 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BISHOP, JAMES L  
Address: 8130 SE 45TH STREET  
City-St-Zip: NEWBERRY, FL 32661

Title: D ( ) Delete  
Name: BISHOP, MARION L II  
Address: 125 NE 5TH AVENUE  
City-St-Zip: LAKE BUTLER, FL 32054

Title: TD ( ) Delete  
Name: BISHOP, RAYMOND W  
Address: 3267 BOULDER DRIVE  
City-St-Zip: STOCKBRIDGE, GA 30281

Title: D ( ) Delete  
Name: BISHOP, RONALD N  
Address: 466 SUMNER ROAD  
City-St-Zip: MOULTRIE, GA 31776

Title: S ( ) Delete  
Name: BISHOP-SHAW, MARILYN  
Address: 7743 SW SR 200  
City-St-Zip: OCALA, FL 34476

Title: PD ( ) Delete  
Name: BISHOP, TOM  
Address: 108 ALDER AVE APT 1  
City-St-Zip: FORT WALTON BEACH, FL 32548

**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: TOM BISHOP

P

06/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date