

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000917

FILED
Feb 15, 2008
Secretary of State

Entity Name: HACKNEY CEMETERY TRUST, INC.

Current Principal Place of Business:

8844 BLISS ROAD
GIBSONTON, FL 33534

New Principal Place of Business:

Current Mailing Address:

8844 BLISS ROAD
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 20-2235276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIKES, FLORENCE
8844 BLISS ROAD
GIBSONTON, FL 33534 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: P () Delete
Name: SIKES, TROY
Address: 11502 CAPTIVA KAY DR
City-St-Zip: RIVERVIEW, FL 33569

Title: VP () Delete
Name: MANNING, BRIDEA
Address: 11216 CREEKVIEW DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: SIKES, FLORENCE
Address: 8844 BLISS ROAD
City-St-Zip: GIBSONTON, FL 33534

Title: S () Delete
Name: GROTHEER, DEBORAH
Address: 7039 US HWY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WARD, BOB
Address: 8844 BLISS RD
City-St-Zip: GIBSONTON, FL 33534

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:

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: FLORENCE SIKES

T

02/15/2008

Electronic Signature of Signing Officer or Director

Date