

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008014

FILED
Feb 12, 2008
Secretary of State

Entity Name: MILL CREEK PRIMITIVE BAPTIST CHURCH CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

2717 CARROLL CORNER RD
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 674
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 20-5086016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, NOAH J
2717 CARROLL CORNER RD
HILLIARD, FL 32046 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: T () Delete
Name: RITSMA, VIVIAN
Address: P O BOX 674
City-St-Zip: HILLIARD, FL 32049

Title: D () Delete
Name: HARTLEY, DAVID
Address: 6553 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: HODGES, FAYE
Address: 26341 WILLIE HODGES RD
City-St-Zip: HILLIARD, FL 32046

Title: P () Delete
Name: CARROLL, NOAH J
Address: 2717 CARROLL CORNER RD
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: SIKES, ROY
Address: 2140 ADDISON LN
City-St-Zip: HILLIARD, FL 32046

Title: S () Delete
Name: MURPHY, CAROLYN
Address: 20009 NOLAN JONES RD
City-St-Zip: HILLIARD, FL 32046

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: S (X) Change () Addition
Name: MURPHY, CAROLYN
Address: 20009 NOLAN JONES RD
City-St-Zip: HILLIARD, FL 32046

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: VIVIAN RITSMA

T

02/12/2008

Electronic Signature of Signing Officer or Director

Date