

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008014

FILED
Jan 07, 2010
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
Name: RITSMA, VIVIAN
Address: P O BOX 674
City-St-Zip: HILLIARD, FL 32049

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

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

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

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

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

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: VIVIAN RITSMA

T

01/07/2010

Electronic Signature of Signing Officer or Director

Date