

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011342

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** ANTIOCH CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

P. O. BOX 132  
ISLAND GROVE, FL 32654

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 132  
ISLAND GROVE, FL 32654

**New Mailing Address:**

**FEI Number:** 20-2191013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLDEN, CHARLES I  
2772 NW 43RD ST., SUITE 5  
GAINESVILLE, FL 326067433 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  
Name: PINNER, MARILYNN  
Address: POB 147  
City-St-Zip: ISLAND GROVE, FL 32654

Title: S  
Name: PRICE, SHERRY  
Address: PO BOX 141  
City-St-Zip: ISLAND GROVE, FL 32654

Title: T  
Name: PRICE, RICHARD A  
Address: PO BOX 141  
City-St-Zip: ISLAND GROVE, FL 32654

Title: V  
Name: BASS, BERNEY L  
Address: POST OFFICE BOX 104  
City-St-Zip: ISLAND GROVE, FL 32654

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: RICHARD A PRICE

T

01/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date