

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012963

FILED
Mar 11, 2009
Secretary of State

Entity Name: MILLSPRINGS CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

2928 MADISON ST
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

2928 MADISON ST
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 39-2050318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, LINDA
2928 MADISON ST
MARIANNA, FL 32446 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: COLLINS, LINDA
Address: 2928 MADISON ST
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: HATTON, RALPH
Address: 2057 CEMETERY AVE
City-St-Zip: SNEADS, FL 32460

Title: D () Delete
Name: CHILDS, SHARON
Address: PO BOX 148
City-St-Zip: GRAND RIDGE, FL 32442

Title: D () Delete
Name: BERTRAND, ROGER
Address: 131 MCKEOWN RD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: ST () Delete
Name: GOODSON, BILL
Address: 2078 MORGAN LOOP
City-St-Zip: SNEADS, FL 32460

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: GOODSON, BILL
Address: 2078 MORGAN LOOP
City-St-Zip: SNEADS, FL 32460

Title: S () Change (X) Addition
Name: COLLINS, JOHN R
Address: 1612 SOUTHBROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312

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: LINDA D. COLLINS

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date