

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002505

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** SANTA ROSA COUNTY CEMETERY ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

6568 CAROLINE ST, STE 101  
MILTON, FL 32570

**New Principal Place of Business:**

4141 CAPRI DR  
PENSACOLA, FL 32504

**Current Mailing Address:**

P.O. BOX 205  
MILTON, FL 32572

**New Mailing Address:**

**FEI Number:** 26-2482795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COOK, GLORIA  
7070 OAK ST  
BAGDAD, FL 32530 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: MR.  
Name: CAMPBELL, JIM  
Address: 4141 CAPRI DR  
City-St-Zip: PENSACOLA, FL 32504

Title: MR.  
Name: ENFINGER, ALVIN  
Address: 9487 CHUMUCKLA SPRINGS RD  
City-St-Zip: JAY, FL 32565

Title: MR.  
Name: DIAMOND, MARSHALL  
Address: 12778 CHUMUCKLA HWY  
City-St-Zip: JAY, FL 32565

Title: MS.  
Name: MCDONALD, AMY  
Address: 2988 RANCHETTE SQ  
City-St-Zip: GULF BREEZE, FL 32563

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: J E CAMPBELL

P

04/06/2011

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

\_\_\_\_\_  
Date