2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N08000003796

Entity Name: FRIENDS OF TAYLOR MEMORIAL CEMETERY INC.

Current Principal Place of Business:

107 ISLAND DRIVE
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

Current Mailing Address:

107 ISLAND DRIVE
HOWEY IN THE HILLS, FL 34737

New Mailing Address:

FEI Number: 33-1212684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

HERRINGTON, JOYCE O OFFICER
107 ISLAND DRIVE
HOWEY IN THE HILLS, FL 34737 US

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: JOYCE HERRINGTON 01/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERRINGTON, JOYCE
Address: 107 ISLAND DRIVE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete
Name: ORMSBEE, KATHLEEN
Address: 301 N LAKESHORE BLVD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete
Name: HINDMAN, SHERRY
Address: 305 N LAKESHORE BLVD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D ( ) Delete
Name: GRIFFIN, ANN
Address: 1010 N LAKESHORE BLVD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: D ( ) Change (X) Addition
Name: MORSE, SYLVIA
Address: 1103 N. HAMLIN AVENUE
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: JOYCE HERRINGTON D 01/26/2009
Electronic Signature of Signing Officer or Director Date