

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006899

FILED  
Aug 06, 2009  
Secretary of State

**Entity Name:** WEIRSDALE COMMUNITY CEMETERY, INC.

**Current Principal Place of Business:**

15986 SOUTH EAST 140TH AVE  
WEIRSDALE, FL 32195

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 433  
WEIRSDALE, FL 32195

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BOGER, GLORIA  
16705 SE 135TH AVE  
WEIRSDALE, FL 32195 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: D ( ) Delete  
Name: HANKS, ROBERT SR  
Address: PO BOX 863  
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete  
Name: DAVIS, BARBARA  
Address: PO BOX 544  
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Delete  
Name: DYLES, EDITH  
Address: PO BOX 505  
City-St-Zip: WEIRSDALE, FL 32195

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

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: D ( ) Change (X) Addition  
Name: BOSIER, JAMES  
Address: P. O. BOX 401  
City-St-Zip: WEIRSDALE, FL 32195

Title: D ( ) Change (X) Addition  
Name: PARRIS, ROBERT SR  
Address: P O. BOX 866  
City-St-Zip: WEIRSDALE, FL 32195

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: BARBARA DAVIS

D

08/06/2009

Electronic Signature of Signing Officer or Director

Date