## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000002808

**FILED** Mar 23, 2011 Secretary of State

Date

Entity Name: THE HYDE PARK-ST PAUL (WALKER) CEMETERY, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

223 TRIPLETT ROAD CRAWFORDVILLE, FL 32327

**Current Mailing Address: New Mailing Address:** 

223 TRIPLETT ROAD CRAWFORDVILLE, FL 32327

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HAWKINS, BOSSIE H HAWKINS, BOSSIE H 1410 LOLÁ DRIVE 1410 LOLA DRIVE TALLAHASSEE, FL 323016713 US TALLAHASSEE, FL 32301 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: 03/23/2011 Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

HAWKINS, BOSSIE Name: Address: 1410 LOLA DRIVE City-St-Zip: TALLAHASSEE, FL 32301

Title:

Name: WARD, EDITH H Address: 4534 DESLIN COURT City-St-Zip: TALLAHASSEE, FL 32305

Title:

WILLIAMS, MAE F Name: Address: 3000 PASCO STREET City-St-Zip: TALLAHASSEE, FL 32305

Title: AS

Name: BRUCE, MALENIE

Address: 129 GREENLIN VILLA ROAD City-St-Zip: CRAWFORDVILLE, FL 32327

Title:

FARMER, ALTON Name: 78 HI-LO WAY Address:

CRAWFORDVILLE, FL 32327 City-St-Zip:

Title:

TRIPLETT. PRESTON Name: Address: PO BOX 291

ST MARKS, FL 32355 City-St-Zip:

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: BOSSIE H. HAWKINS **PRES** 03/23/2011