

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09537

FILED
Jan 07, 2009
Secretary of State

Entity Name: FORT KISSIMMEE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

94 N. PALMETTO CREEK RD.
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

94 N. PALMETTO CREEK RD.
AVON PARK, FL 33825

New Mailing Address:

FEI Number: 65-0069164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONEY, FRANCES A.
94 N. PALMETTO CREEK RD.
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

BONEY, FRANCES A.
94 N. PALMETTO CREEK RD.
AVON PARK, FL 33825 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: FRANCES A. BONEY

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORNELL, W.W.
Address: 3002 HOLIDAY BEACH DR.
City-St-Zip: AVON PARK, FL 33825

Title: VP () Delete
Name: KOPTA, DARREN
Address: 4251 E AVON PINES ROAD
City-St-Zip: AVON PARK, FL 33825

Title: T () Delete
Name: BONEY, FRANCES A
Address: 94 N PALMETTO CREEK RD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: HANVEY, CAROLYN
Address: N/A P.O. BOX 146
City-St-Zip: FLORIDA, FL

Title: D () Delete
Name: HOWELL, JIMMY
Address: 1114 SW 9TH ST
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: MOORE, WILLIAM
Address: 2400 SCRUBBENS RD
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWELL, JIMMY
Address: 1114 SW 9TH ST
City-St-Zip: OKEECHOBEE, FL 34972

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 (X) Change () Addition
Name: CORNELL, WHITFIELD
Address: 1509 NE BOUNTIFUL DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCES A. BONEY

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date