

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13828

FILED  
Feb 22, 2009  
Secretary of State

Entity Name: ANTIOCH CEMETERY, INC.

**Current Principal Place of Business:**

1411 DEXTER ROAD  
NORTH PORT, FL 34288 US

**New Principal Place of Business:**

**Current Mailing Address:**

1411 DEXTER ROAD  
NORTH PORT, FL 34288 US

**New Mailing Address:**

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

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

ROGERS, JAMES C  
9912 25TH ST. E.  
PARRISH, FL 34219 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: PD ( ) Delete  
Name: ROGERS, JAMES C  
Address: 9912 25TH STREET, E  
City-St-Zip: PARRISH, FL 34219

Title: SD ( ) Delete  
Name: COOMER, MARY LEE  
Address: 1411 DEXTER RD  
City-St-Zip: NORTH PORT, FL 34288

Title: TD ( ) Delete  
Name: ROGERS, VANCE C  
Address: 5424 81ST ST AVE CIRCLE EAST  
City-St-Zip: PALMETTO, FL 34221

Title: VPD ( ) Delete  
Name: BROWN, DOROTHY  
Address: 7260 MEMORIAL DR  
City-St-Zip: PORT CHARLOTTE, FL 33981

**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:

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: JAMES C. ROGERS

PRES

02/22/2009

Electronic Signature of Signing Officer or Director

Date