2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90136 028 ****61.25

DOCUMENT # N14922

1. Entity Name

ROBERTS CEMETERY, INC.

Principal Place of Business	Mailing Address
C/O DAVID C. ROBERTS 190 PET PATCH RD. WEWAHITCHKA FL 32465	PO BOX 486 WEWAHITCHKA FL 32465

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
401	po box 401
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wewahitchka FLA	City & State: Wewahitchka
Zip: 32465 Country: Gulf	Zip: 32465 Country: Gulf

4. FEI Number: 59-2908414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, DAVID C 190 PET PATCH RD. WEWAHITCHKA FL 32465	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ROBERTS, DAVID 190 PET PATCH RD. WEWAHITCHKA FL 32465	☐ Delete	D PATRICIA C Tatum P.O. Box 711 Wewahitchka FL 32465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, GERALD P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR WEWAHITCHKA FL 32465	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIEL, WARD P.O. BOX 823 /160 MINNIE OLA LN WEWAHITCHKA FL 32465	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BIDWELL, APRIL 111 FORT PLACE CIRCLE WEWAHITCHKA FL 32465	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIDWELL, DAVID 180 KYE'S LN. WEWAHITCHKA FL 32465	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESTER, JIMMY P.O. BOX 413 WEWAHITCHKA FL 32465	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Roberts DAVID Roberts 03-18-2008 1-850-639-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #