

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14922

FILED  
May 11, 2012  
Secretary of State

**Entity Name:** ROBERTS CEMETERY, INC.

**Current Principal Place of Business:**

401  
WEWAHITCHKA, FL 32465

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 401  
WEWAHITCHKA, FL 32465

**New Mailing Address:**

**FEI Number:** 59-2908414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, DAVID C  
190 PET PATCH RD.  
WEWAHITCHKA, FL 32465 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: DC  
Name: ROBERTS, DAVID  
Address: 190 PET PATCH RD.  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D  
Name: GRIFFIN, GERALD  
Address: P.O. BOX 215 /140 GRIFFIN RD,STONE MILL CR  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D  
Name: MCDANIEL, WARD  
Address: P.O. BOX 823 /160 MINNIE OLA LN  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DST  
Name: BIDWELL, APRIL  
Address: 111 FORT PLACE CIRCLE  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D  
Name: BIDWELL, DAVID  
Address: 180 KYE'S LN.  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D  
Name: LESTER, JIMMY  
Address: P.O. BOX 413  
City-St-Zip: WEWAHITCHKA, FL 32465

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: APRIL BIDWELL

DST

05/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date