2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State
01-16-2008 90046 024 ****61.25

DOCUMENT # N16746

1. Entity Name
VICKERS CEMETERY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 541 HAVANA, FL 32333 US	1806 SUNSET LANE TALLAHASSEE, FL 32303

01122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box,#	3. Mailing Address
252 Bob Miller Rd	252 Bob Miller Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, FL	City & State: Crawfordville FL
Zip: 32327 Country:	Zip: 32327 Country:

4. FEI Number 59-2712517 ☐ 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
WARLICK, DONNA 1806 SUNSET LANE TALLAHASSEE, FL 32303	Name Street Address (P.O. Box Number is Not Acceptable): 252 Bob Miller Rd City: Crawfordville FL Zip Code: 32327

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 _____ Jan 12, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Donna Warlick

Filing 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	P DURDEN, BOB 4120 FAIRBANKS FERRY RD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARLICK, DONNA 1806 SUNSET LANE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 252 Bob Miller Rd Crawfordville FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASSIDY, ANGELA 1806 SUNSET LANE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 252 Bob Miller Rd Crawfordville FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, VENICE 221 DOGWOOD CIRCLE HAVANA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBER, ANNETTE 3565 CONCORD ROAD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, DOUGLAS 1733 BARBER ROAD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Jan 12, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Donna Warlick