

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16746

FILED
Feb 01, 2009
Secretary of State

Entity Name: VICKERS CEMETERY, INC.

Current Principal Place of Business:

252 BOB MILLER RD
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

252 BOB MILLER RD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-2712517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARLICK, DONNA
252 BOB MILLER RD
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: DURDEN, BOB
Address: 4120 FAIRBANKS FERRY RD
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: WARLICK, DONNA
Address: 252 BOB MILLER RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: CASSIDY, ANGELA
Address: 252 BOB MILLER RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: WALSH, VENICE,
Address: 221 DOGWOOD CIRCLE
City-St-Zip: HAVANA, FL

Title: D () Delete
Name: BARBER, ANNETTE
Address: 3565 CONCORD ROAD
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: WALSH, DOUGLAS
Address: 1733 BARBER ROAD
City-St-Zip: HAVANA, FL 32333

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: D (X) Change () Addition
Name: WALSH, VENICE,
Address: 221 DOGWOOD CIRCLE
City-St-Zip: HAVANA, FL 32333

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: DONNA WARLICK

T

02/01/2009

Electronic Signature of Signing Officer or Director

Date