

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17390

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** TEMA CEMETERY, INCORPORATED.

**Current Principal Place of Business:**

494 CR 416 N  
LAKE PANASOFFKEE, FL 33538 US

**New Principal Place of Business:**

**Current Mailing Address:**

494 CR 416 N  
LAKE PANASOFFKEE, FL 33538 US

**New Mailing Address:**

**FEI Number:** 59-3016395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS, BILLY EARL  
494 CR 416 N  
LAKE PANASOFFKEE, FL 33538 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: PVD ( ) Delete  
Name: OWENS, BILLY EARL,  
Address: 494 CR 416 N  
City-St-Zip: LAKE PANASOFFKEE, FL

Title: TD ( ) Delete  
Name: OWENS, LOIS EVIN,  
Address: 494 CR 416 N  
City-St-Zip: LAKE PANASOFFKEE, FL

Title: SD ( ) Delete  
Name: JORDAN, MARILYN  
Address: 3530 E FOXWOOD CT  
City-St-Zip: TALLAHASSEE, FL 34452

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVD (X) Change ( ) Addition  
Name: OWENS, BILLY EARL,  
Address: 494 CR 416 N  
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: TD (X) Change ( ) Addition  
Name: OWENS, LOIS EVIN,  
Address: 494 CR 416 N  
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: SD (X) Change ( ) Addition  
Name: JORDAN, MARILYN  
Address: 3530 E FOXWOOD CT  
City-St-Zip: TALLAHASSEE, FL 34452 US

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: LOIS E. OWENS

TD

01/21/2009

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

\_\_\_\_\_  
Date