

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20724

FILED
Feb 26, 2009
Secretary of State

Entity Name: PARRISH CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

12375 PARRISH CEMETERY RD.
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 308
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-0036810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, CLIFFORD E.
13935 GATTIS LEE RD.
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

BECK, CLIFFORD E.
13926 GETTIS LEE RD
PARRISH, FL 34219 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECK, CLIFFORD E.
Address: 13935 GATTIS LEE RD
City-St-Zip: PARRISH, FL 34219

Title: DV () Delete
Name: LINDBLOOM, KELVIN
Address: 7005 121 AVE. E.
City-St-Zip: PARRISH, FL 34219

Title: DS () Delete
Name: PRITCHARD, LACY
Address: 13903 GETTIS LEE
City-St-Zip: PARRISH, FL 34219

Title: T () Delete
Name: GILLET, VELMA M
Address: 6103 121 AVE E
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BECK, CLIFFORD E.
Address: 13926 GETTIS LEE RD
City-St-Zip: PARRISH, FL 34219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLIFFORD E. BECK

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date