2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90337 004 ****70.00

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DOCUMENT # N23087 1. Entity Name WHITMIRE CEMETERY ASSOCIATION, INC.					1008414	ა			
Principal Place of Business Mailing Address MilLDRED C. PARKER 1636 ATWOOD DRIVE PENSACOLA, FL 32514 PENSACOLA, FL 32514 Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address PENSACOLA, FL 32514 PENSACOLA, FL 32514					! 1881/11 8 18 # 888 #			 	
		3. Mailing Address							
Suite, Apt. #, etc.		Suite Apt # etc	No Mildred C. Par Ker Suite, Apt. #, etc.						
		3740 Hidden Oak Dr.			04162008 Chg-NP CR2E037 (12/06)				
City & State		City & State _			. FEI Number 59-2934398			Applied For	
Zip	cola, FL	Pensa cola	Country		39-2934390		4 \$9.75	Not Applicable	
3250) 4	32504	Country	5.	. Certificate of Sta	tus Desired	Fee Req	Additional uired	
	. 6. Name and Address of Current		7. Name and Address of New Registered Agent						
PARKER, MILDRED C.			Name	Name Mildred C. Parker					
1636 ATW	OOD DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
PENSACC	DLA, FL 32514		20.					-	
				O Hic	lden Oa	LKDr.	Zin (
Pensacola FL Zip Code 32504									
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									
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signa	ture required wher	n reinstating)		DATE		
SIGNATURE		9. Election Camp Trust Fund Cor	paign Financing		i.00 May Be ded to Fees		DATE ke check payabl		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	\$5 Add	i.00 May Be ded to Fees	Florid	ke check payabl	State	
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I nereby certify triat the information supplied with this filling does not qualify for the exemptions contained in Unapter 119, Profice 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: _

Mildred C. Parker SIGNATURE AND TYPES OF PRINTED NAME OF SIGNIMO OFFICER OR DIRECTOR

4-26-08 (85e) 476-0704 Date Daying Phone #