

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 004 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N23087 1. Entity Name WHITMIRE CEMETERY ASSOCIATION, INC.				40004140 	
Principal Place of Business %MILDRED C. PARKER 1636 ATWOOD DRIVE PENSACOLA, FL 32514		Mailing Address %MILDRED C. PARKER 1636 ATWOOD DRIVE PENSACOLA, FL 32514		04162008 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box # % Mildred C. Parker		3. Mailing Address % Mildred C. Parker			
Suite, Apt. #, etc. 3740 Hidden Oak Dr.		Suite, Apt. #, etc. 3740 Hidden Oak Dr.			
City & State Pensacola, FL		City & State Pensacola, FL			
Zip 32504		Zip 32504		4. FEI Number 59-2934398	
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, MILDRED C. 1636 ATWOOD DRIVE PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name Mildred C. Parker Street Address (P.O. Box Number is Not Acceptable) 3740 Hidden Oak Dr. City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VCD NELSON, RONALD 1618 EAST HERNANDEZ STREET PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Nelson, Ronald 1618 E. Hernandez St. Pensacola, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, MILDRED C. 1636 ATWOOD DRIVE PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Parker, Mildred C. 3740 Hidden Oak Dr. Pensacola, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, CLAUDIA V 8810 JERNIGAN RD PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ellis, Claudia V. 8810 Jernigan Rd. Pensacola, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CREIGHTON, CLYDE T JR 5900 S HWY 99 MC DAVID, FL 32568	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Creighton, Clyde T, Jr. 5900 S. Hwy 99 Walnut Hill, FL 32568	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD FLEMING, ROBERTA 9300 CHISHOLM RD. PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD Fleming, Roberta 9300 Chisholm Rd. Pensacola, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mildred C. Parker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-26-08</u> <small>Date</small>		<u>(850) 476-0704</u> <small>Daytime Phone #</small>	