

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23087

FILED  
Mar 06, 2011  
Secretary of State

**Entity Name:** WHITMIRE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

% MILDRED C. PARKER  
3740 HIDDEN OAKS DR.  
PENSACOLA, FL 32504

**New Principal Place of Business:**

9200 CHISHOLM ROAD  
PENSACOLA, FL 32514

**Current Mailing Address:**

% MILDRED C. PARKER  
3740 HIDDEN OAKS DR.  
PENSACOLA, FL 32504

**New Mailing Address:**

9200 CHISHOLM ROAD  
PENSACOLA, FL 32514

**FEI Number:** 59-2934398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARKER, MILDRED C  
3740 HIDDEN OAK DR.  
PENSACOLA, FL 32504 US

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

WILSON, JACQUELYN T  
9200 CHISHOLM ROAD  
PENSACOLA, FL 32514 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: JACQUELYN T. WILSON

03/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: WILSON, JACQUELYN T  
Address: 9200 CHISHOLM ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: SD  
Name: PAUL, SHERRI  
Address: 3010 ASHBURY LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: CD  
Name: FLEMING, CECIL D  
Address: 9000 CHISHOLM RD  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: FLEMING, ROBERTA  
Address: 9300 CHISHOLM RD.  
City-St-Zip: PENSACOLA, FL 32514

Title: VCD  
Name: NELSON, RONALD  
Address: 1618 E. HERNANDEZ ST.  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: CREIGHTON, CLYDE T JR  
Address: 5900 SOUTH HIGHWAY 99  
City-St-Zip: WALNUT HILL, FL 32568

I hereby 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 all other like empowered.

SIGNATURE: JACQUELYN T. WILSON

TD

03/06/2011

Electronic Signature of Signing Officer or Director

Date