

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36957

FILED
Apr 29, 2009
Secretary of State

Entity Name: FRANKLINTOWN CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

C/O LUCILLE QUARLES
342 TARRASA DRIVE
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

C/O LUCILLE QUARLES
342 TARRASA DRIVE
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3031083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARLES, LUCILLE
342 TARRASA DRIVE
JACKSONVILLE, FL 32225 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: D () Delete
Name: SHEPARD, CHARLES JR.
Address: 2010 MOREHOUSE ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WILSON, WINIFRED JEFFREY
Address: P.O. BOX 151 N/A
City-St-Zip: FERNANDINA BCH, FL

Title: D () Delete
Name: QUARLES, LUCILLE
Address: 342 TARRASA DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: JEFFERSON, WILLIAM T.
Address: 600 LEWIS STREET
City-St-Zip: FERNANDINA BCH, FL

Title: D () Delete
Name: GREEN, GEORGE
Address: P.O. BOX 1095 N/A
City-St-Zip: FERNANDINA BCH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEPARD, CHARLES JR.
Address: 2010 MOREHOUSE ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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

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

Title: D (X) Change () Addition
Name: CARSWELL, KATHIE
Address: 1519 LEWIS STREET
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D (X) Change () Addition
Name: GREEN, GEORGE
Address: P.O. BOX 1095 N/A
City-St-Zip: FERNANDINA BCH, FL 32035

Title: V/P () Change (X) Addition
Name: WILSON, BETTY
Address: P O BOX 151
City-St-Zip: FERNANDINA BCH, FL 32035

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: LUCILLE QUARLES

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date