

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36957

**FILED**  
**Apr 13, 2010**  
**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  
**Name:** SHEPARD, CHARLES JR.  
**Address:** 2010 MOREHOUSE ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32208

**Title:** D  
**Name:** WILSON, WINIFRED JEFFREY  
**Address:** P.O. BOX 151 N/A  
**City-St-Zip:** FERNANDINA BCH, FL 32035

**Title:** D  
**Name:** QUARLES, LUCILLE  
**Address:** 342 TARRASA DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** D  
**Name:** CARSWELL, KATHIE  
**Address:** 1519 LEWIS STREET  
**City-St-Zip:** FERNANDINA BCH, FL 32034

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

**Title:** V/P  
**Name:** WILSON, BETTY  
**Address:** P O BOX 151  
**City-St-Zip:** FERNANDINA BCH, FL 32035

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:** LUCILLE QUARLES

TREA

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date