

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42227

FILED
Mar 23, 2009
Secretary of State

Entity Name: FORT CALL CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

5031 SW 81ST AVENUE
LAKE BUTLER, FL 32054 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 182
LAKE BUTLER, FL 32054 US

New Mailing Address:

FEI Number: 59-3110733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, ETHELIA C
3336 HOLLYCREST BLVD
ORANGE PARK, FL 320656815 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: PD () Delete
Name: CRAWFORD, JAMES
Address: 6832 SW 95TH ST
City-St-Zip: HAMPTON, FL 32044 US

Title: D () Delete
Name: MOONEYHAM, SHARON
Address: 18820 NE 111TH TERRACE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: TSD () Delete
Name: DOUGLAS, PHYLLIS
Address: 6705 SW 55TH WAY
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D () Delete
Name: DUKES, J R
Address: 8534 SW CR 18
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: D () Delete
Name: MIZELLE, ROBERT
Address: 3624 NE 16TH PL
City-St-Zip: OCALA, FL 34470 US

Title: VD () Delete
Name: PERRY, ETHELIA
Address: 3336 HOLLYCREST BLVD
City-St-Zip: ORANGE PARK, FL 32065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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

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: PHYLLIS DOUGLAS

TSD

03/23/2009

Electronic Signature of Signing Officer or Director

Date