

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50841

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** LEVY COUNTY ANTIOCH CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

6230NW CR 345  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 566  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

**FEI Number:** 59-3171607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANNON, LAWRENCE C  
6230 NW CR 345  
CHIEFLAND, FL 32626 US

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

CANNON, LAWRENCE C  
6230 NW CR 345  
CHIEFLAND, FL 32626 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: LAWRENCE C. CANNON

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CANNON, LAWRENCE C  
Address: 6230NW CR 345  
City-St-Zip: CHIEFLAND, FL

Title: D ( ) Delete  
Name: CASON, LEO  
Address: 10771 NW 72ND COURT  
City-St-Zip: CHIEFLAND, FL

Title: D ( ) Delete  
Name: ASBELL, DAVID F  
Address: 7750 NW 75TH ST  
City-St-Zip: CHIEFLAND, FL 32626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CANNON, LAWRENCE C  
Address: 6230NW CR 345  
City-St-Zip: CHIEFLAND, FL

Title: ( ) Change ( ) Addition  
Name:  
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: LAWRENCE C. CANNON

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date