

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000191

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** INDEPENDENT FUNERAL DIRECTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

119 E PARK AVE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10969  
TALLAHASSEE, FL 323022969 US

**New Mailing Address:**

**FEI Number:** 59-3153298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEFF, JANETTE M EXDIREC  
119 E PARK AVE  
TALLAHASSEE, FL 32301 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: PP ( ) Delete  
Name: LANKFORD, CHERYL  
Address: 220 EAST NEW YORK AVE  
City-St-Zip: DELAND, FL 32724 US

Title: P ( ) Delete  
Name: MORGAN, GEORGE  
Address: 6025 TROUBLE CREEK RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PE ( ) Delete  
Name: MACKS, RONNIE  
Address: 100 BEVERLY PARKWAY  
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Delete  
Name: MACNEILL, DARIN  
Address: P.O. BOX 193  
City-St-Zip: SEBRING, FL 33871

Title: T ( ) Delete  
Name: DEAKINS, JOHN  
Address: 9395 SW 186TH TERRACE  
City-St-Zip: DUNNELLON, FL 344329998

Title: AS ( ) Delete  
Name: SCHEFF, JANETTE M ADMSEC  
Address: 119 E PARK AVE  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: VP (X) Change ( ) Addition  
Name: DON, MCLEAN  
Address: 650 E. MAIN ST.  
City-St-Zip: BARTOW, FL 33830 US

Title: PP (X) Change ( ) Addition  
Name: MORGAN, GEORGE  
Address: 6025 TROUBLE CREEK RD  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P (X) Change ( ) Addition  
Name: MACKS, RONNIE  
Address: 100 BEVERLY PARKWAY  
City-St-Zip: PENSACOLA, FL 32505

Title: PE (X) Change ( ) Addition  
Name: MACNEILL, DARIN  
Address: P.O. BOX 193  
City-St-Zip: SEBRING, FL 33871

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: JANETTE M. SCHEFF

AS

01/16/2009

Electronic Signature of Signing Officer or Director

Date