

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000191

FILED  
Jan 18, 2012  
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:**

CONGER, DAWN 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: P  
Name: FUTCH, STEVEN  
Address: 403 S. CHERRY ST.  
City-St-Zip: STARKE, FL 32091 US

Title: PE  
Name: NELSON, BARRETT  
Address: 454 S. BUCKMORE RD.  
City-St-Zip: LAKE WALES, FL 33859 US

Title: PP  
Name: MCLEAN, DON  
Address: 650 E. MAIN ST.  
City-St-Zip: BARTOW, FL 33830

Title: T  
Name: DAVIS, CHARLES  
Address: 3075 S. FLORIDA AVE.  
City-St-Zip: INVERNESS, FL 34450

Title: S  
Name: HASLEY, DOUG  
Address: 279 SOUTH CENTRAL AVE.  
City-St-Zip: UMATILLA, FL 32784

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: DAWN CONGER

ED

01/18/2012

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

\_\_\_\_\_  
Date