

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007128

FILED
Jul 03, 2009
Secretary of State

Entity Name: PEORIA CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

142 E JEFFERSON AVE
DOCTORS INLET, FL 320300515

New Principal Place of Business:

Current Mailing Address:

P O BOX 515
DOCTORS INLET, FL 320300515

New Mailing Address:

FEI Number: 59-3223700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COOPER, JOHN S
100 W CALL ST
STARKE, FL 32091 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 () Delete
Name: ESTES, PAUL L
Address: 396 OLD JENNINGS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: RAINER, ARTHUR L
Address: 2956 OAKLAND DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: HALL, EVELYN H
Address: 504 HURLEY ST
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: KLINE, PHYLLIS
Address: 4575 ANTELOPE ST
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PHYLLIS KLINE

D

07/03/2009

Electronic Signature of Signing Officer or Director

Date