

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001438

FILED
Feb 21, 2011
Secretary of State

Entity Name: BUTLER CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

547 SW 659 AVE
HORSESHOE BEACH, FL 32648

New Principal Place of Business:

Current Mailing Address:

547 SW 659 AVE
HORSESHOE BEACH, FL 32648

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLINE, EVONNE V
BUTLER CEMETERY ROAD
HORSESHOE BEACH, FL 32648 US

Name and Address of New Registered Agent:

CLINE, EVONNE V
547 SW 659TH AVE.
HORSESHOE BEACH, FL 32648 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: EVONNE V. CLINE

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: VALENTINE, STEVE
Address: 658 SW 659TH AVE.
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: VCT
Name: BUTLER, C.A.
Address: 3743 NORTHGATE DR. #10
City-St-Zip: KISSIMMEE, FL 34746

Title: T
Name: POLK, MARION
Address: 13179 SW 351 HWY
City-St-Zip: HORSESHOE BEACH, FL 32648

Title: T
Name: MCFARLAN, MARVIN
Address: 160 SW GINGER GLEN
City-St-Zip: LAKE CITY, FL 32024

Title: T
Name: HUTCHISON, KATHERINE
Address: 117 MAIN ST
City-St-Zip: HORSESHOE BCH, FL 32648

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: EVONNE V. CLINE

SEC.

02/21/2011

Electronic Signature of Signing Officer or Director

Date