

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 027 ****70.00

DOCUMENT # N99000000768

1. Entity Name

WHITE CITY CEMETERY ASSOCIATION, INC.



Principal Place of Business

3800 SUNRISE BLVD.
FORT PIERCE FL 34982

Mailing Address

3800 SUNRISE BLVD.
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2753972

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~O'FARRELL, CAROL~~
3800 SUNRISE BLVD
FORT PIERCE FL 34982

MARY LAUGHTON

Name

MARY LAUGHTON

Street Address (P.O. Box Number is Not Acceptable)

3800 SUNRISE BLVD

FORT PIERCE

City

FL

Zip Code

34982

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Laughton

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2008

FILE NOW: FEE (\$61.25)
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME MOLINIA, JOANN
STREET ADDRESS 802 FLORIDA AVE
CITY-ST-ZIP FORT PIERCE FL 34950 ☒ Delete

TITLE S
NAME Goodman, Aylene
STREET ADDRESS 4410 ARECA PALM DR.
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE T
NAME BUSH, BARBARA E
STREET ADDRESS 247 MANOR DRIVE
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE VP
NAME ALAN EDWARDS
STREET ADDRESS 5102 INDIAN BEND LANE
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE P
NAME LAUGHTON, MARY E
STREET ADDRESS 1811 44TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME OWENS, BETTY
STREET ADDRESS 1012 NEBRASKA AVE
CITY-ST-ZIP FORT PIERCE FL 34950 ☐ Delete

TITLE D
NAME Betty Owens
STREET ADDRESS 1012 Nebraska ave
CITY-ST-ZIP Ft. Pierce, FL 34950 ☒ Change ☐ Addition

TITLE D
NAME NELSON, DAN
STREET ADDRESS 4875 OLEANDER AVE
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HUNT, JOHN
STREET ADDRESS 1008 WEST 2ND STREET
CITY-ST-ZIP FORT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Laughton

4-10-08 772-567-4708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #