

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005423

1. Entity Name
CENTER HILL CEMETERY, INC.



FILED
Jun 30, 2008 08:00 AM
Secretary of State

Principal Place of Business
4022 SE 17TH TRAIL
TRENTON, FL 32693 US

Mailing Address
4022 SE 17TH TRAIL
TRENTON, FL 32693 US



06122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, CASEY A
4022 SE 17TH TRAIL
TRENTON, FL 32693

**DO NOT WRITE
IN THIS SPACE**

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 Casey A Carlisle CASEY A Carlisle, Secretary 6-12-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEFFIELD, JIMMIE 1270 N.E. 65TH AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONNELL, BRYAN R 2450 SE 35TH AVE. TRENTON, FL 32639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLISLE, CASEY A 4022 S.E. 17TH TRAIL TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLISLE, MARIANNE B 4022 SE 17TH TRAIL TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALVEY, ROOSEVELT 889 N.E. HWY 47 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/30/08-80002-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

6/12/08 352 472 2347
352 283 3650 Casey A. Carlisle Secretary