

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133269

FILED
Apr 29, 2011
Secretary of State

Entity Name: SARAH L. CARTER'S FUNERAL HOME, INC.

Current Principal Place of Business:

2212 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2212 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 36-4521305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, SARAH L
2212 EMERSON STREET
JACKSONVILLE, FL 32207 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: PD
Name: CARTER, SARAH L
Address: 5242 SANTA MONICA BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD
Name: CARTER, JAMES T SR
Address: 5242 SANTA MONICA BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD
Name: MIMS, JOSEPH E ASST.
Address: 5242 SANTA MONICA BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD
Name: MIMS, KATRINA ASST.
Address: 5242 SANTA MONICA BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD
Name: EDWARDS, ANNIE
Address: 5242 SANTA MONICA BOULEVARD, SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH L. CARTER

OWNE

04/29/2011

Electronic Signature of Signing Officer or Director

Date