

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000065646

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** BECKER FUNERAL HOME, INC.

**Current Principal Place of Business:**

806 W. MINNEOLA AVENUE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 120864  
CLERMONT, FL 34712

**New Mailing Address:**

**FEI Number:** 30-0255871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER, CHARLES J  
806 W. MINNEOLA AVENUE  
CLERMONT, FL 347112118 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BECKER, CHARLES J  
**Address:** 806 W. MINNEOLA AVENUE  
**City-St-Zip:** CLERMONT, FL 34711 21

**Title:** VP  
**Name:** BECKER, ROLLAND E  
**Address:** 806 W. MINNEOLA AVENUE  
**City-St-Zip:** CLERMONT, FL 34711 21

**Title:** SECT  
**Name:** BECKER, MARCELLA K  
**Address:** 806 W. MINNEOLA AVENUE  
**City-St-Zip:** CLERMONT, FL 34711

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:** CHARLES J. BECKER

PRES

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date