

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157062

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL FLORIDA FUNERAL SERVICE ASSOCIATION, INC.

**Current Principal Place of Business:**

2636 NE 27TH STREET  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

2636 NE 27TH STREET  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 20-8114704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, PAUL D  
2636 NE 27TH STREET  
OCALA, FL 34470 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:** DIR  
**Name:** TAYLOR, PAUL D  
**Address:** 2636 NE 27TH STREET  
**City-St-Zip:** Ocala, FL 34470 US

**Title:** DIR  
**Name:** MORING, BADGER D  
**Address:** 310 ST. RD. 26  
**City-St-Zip:** MELROSE, FL 32666 US

**Title:** DIR  
**Name:** SCOTT, GOODRICK C  
**Address:** 708 SW 2ND STREET  
**City-St-Zip:** Ocala, FL 34470 US

**Title:** DIR  
**Name:** ALICE, BROWN  
**Address:** 1560 NW 1ST AVENUE  
**City-St-Zip:** HIGH SPRINGS, FL 32643 US

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:** PAUL D. TAYLOR

DIR

04/30/2012

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

\_\_\_\_\_  
Date