

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045256

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** TRINITY FUNERAL HOME OF PERRY, INCORPORATED

**Current Principal Place of Business:**

1159 HIGHWAY 98 WEST  
PERRY, FL 32348

**New Principal Place of Business:**

**Current Mailing Address:**

1159 HIGHWAY 98 WEST  
PERRY, FL 32348

**New Mailing Address:**

P. O. BOX 667  
PERRY, FL 32348

**FEI Number:** 14-1995365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUGGS, JERRY L  
3812 BOHANNON CIRCLE  
PERRY, FL 32348 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: D ( ) Delete  
Name: BISHOP, WALTER  
Address: 195 W FOLSOM STREET  
City-St-Zip: PERRY, FL 32348

Title: DT ( ) Delete  
Name: CLAYTON, GEORGE E  
Address: 1003 E GREEN STREET  
City-St-Zip: PERRY, FL 32347

Title: D ( ) Delete  
Name: DEMPS, HARRY  
Address: 644 N MYRTLE STREET  
City-St-Zip: PERRY, FL 32347

Title: P ( ) Delete  
Name: BUGGS, JERRY L  
Address: 3812 BOHANNON CIRCLE  
City-St-Zip: PERRY, FL 32348

Title: V ( ) Delete  
Name: AUGUST, CHARLES  
Address: 115 MIMOSA LANE  
City-St-Zip: PERRY, FL 32347

Title: S ( ) Delete  
Name: LEE, CHENITA  
Address: 1201 W ASH STREET  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JERRY BUGGS

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date