

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000088542

1. Entity Name
CUNNINGHAM'S FUNERAL HOME, P.A.



Principal Place of Business
434 NW MARTIN LUTHER KING JR. AVENUE
OCALA, FL 34475

Mailing Address
1913 NORTH W. 13TH PLACE
OCALA, FL 34475



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1913273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALGERNON, CUNNINGHAM
434 N.W. MARTIN LUTHER KING AVE.
OCALA, FL 34475

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000947835
06/02/08-80030-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNNINGHAM, ALGERON
STREET ADDRESS	4287 N.W. 4TH CIRCLE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	P
NAME	CUNNINGHAM, ALBERT
STREET ADDRESS	1913 N.W. 13TH PLACE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	S
NAME	BURNS, JESSE L JR
STREET ADDRESS	3200 NW 67TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	BD
NAME	CUNNINGHAM, HELEN D
STREET ADDRESS	1913 NW 13TH PLACE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 607, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #