

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21269

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** TRINITY MEMORIAL CEMETERY, INC.

**Current Principal Place of Business:**

43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1608  
TARPON SPRINGS, FL 346881608 US

**New Mailing Address:**

**FEI Number:** 59-3114540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDLAND, LEW  
43309 U S HIGHWAY 19 N  
TARPON SPRINGS, FL 34689 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: ST  
Name: FORD, DAVID  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: PD  
Name: FRIEDLAND, LEW  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VD  
Name: MITCHELL, DEWEY  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VD  
Name: ALDRIDGE, DANIEL  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 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: LEW FRIEDLAND

PD

03/07/2012

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

\_\_\_\_\_  
Date