

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748868

Entity Name: ROSE CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**312 E HARRISON ST
TARPON SPRINGS, FL 34689**Current Mailing Address:**803 S DISSTON AV
TARPON SPRINGS, FL 34689 US**FEI Number:** 26-3741061**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DABBS, ANNIE DORIS
803 S DISSTON AV
TARPON SPRINGS, FL 34689 US*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:** ANNIE DORIS DABBS

04/22/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PITTS, CLIFFORD JR.
Address PO BOX 1613
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name EDWARDS, WILLIE D
Address 620 TIMBER BAY COURT
City-State-Zip: OLDSMAR, FL 34677

Title DIRECTOR
Name JACKSON, QUBIT
Address 7033 PINCHERRY LANE
City-State-Zip: PORT RICHEY FL 34668

Title PRESIDENT
Name DABBS, ANNIE DORIS
Address 803 S DISSTON AV
City-State-Zip: TARPON SPRINGS FL 34689

Title TREASURER
Name TAYLOR, KATIE M
Address 1664 SERENITY LN
APT. B
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name CROCKETT-MCFARLANE, KATHLEEN
Address 3284 PICCARD LOOP
City-State-Zip: NEW PORT RICHEY FL 34655

Title EXECUTIVE SECRETARY
Name JOHNSON, SHARI
Address 527 E OAKWOOD ST
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name GOODWIN, IDELLIA Q
Address 524 E. LIME ST
City-State-Zip: TARPON SPRINGS FL 34689

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNIE DORIS DABBS

PRESIDENT

04/22/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name QUARTERMAN, ALFRED SR.
Address 7704 GREYBIRCH TERR
City-State-Zip: PORT RICHEY FL 34668

Title DIRECTOR
Name MURRAY, JOANN
Address 817 LINCOLN AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name BENITEZ, LISA
Address 733 N FLORIDA AVE
City-State-Zip: TARPON SPRINGS FL 34689-2110

Title DIRECTOR
Name KING, LESLIE
Address 9131 COLLAGE LN
City-State-Zip: PORT RICHEY FL 34668