

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760127

Entity Name: FLORIDA MORTICIANS' ASSOCIATION, INC.**Current Principal Place of Business:**6385 BELGRAND DRIVE
TALLAHASSEE, FL 32312**Current Mailing Address:**6385 BELGRAND DRIVE
TALLAHASSEE, FL 32312 US**FEI Number:** 59-2926726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWRENCE, DARRELL
6385 BELGRAND DRIVE
TALLAHASSEE, FL 32312 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	ROCKER, RODNEY
Address	1022 EAST MAIN STREET
City-State-Zip:	LEESBURG FL 34748

Title	PRESIDENT
Name	WRIGHT, RUSSELL SR.
Address	1547 LIENBY AVENUE
City-State-Zip:	LPANAMA CITY FL 32401

Title	TREASURER
Name	BOYD-DORSEY, ERMA J
Address	2966 DR. MLK JR. BLVD.
City-State-Zip:	FT. MYERS FL

Title	FINANCIAL SECRETARY
Name	KELLY, JEANETTE
Address	POST OFFICE BOX 45084
City-State-Zip:	SUNRISE FL 33345

Title	EXECUTIVE SECRETARY
Name	LAWRENCE, DARRELL L.
Address	6385 BELGRAND DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	KITCHENS, TIMOTHY
Address	1102 N W 2ND STREET
City-State-Zip:	DELRAY BEACH FL

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: DARRELL L. LAWRENCE**EXECUTIVE SECRETARY** 03/31/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date