

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003697

Entity Name: LINDEN CEMETERY ASSOCIATION, INC.**Current Principal Place of Business:**4735 CR 772
WEBSTER, FL 33597**Current Mailing Address:**P.O. BOX 144
WEBSTER, FL 33597**FEI Number:** 59-3220894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURRY, GAIL TREASUR
155 NE 3RD ST
WEBSTER, FL 33597 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	TREASURER, DIRECTOR
Name	BURRY, GAIL
Address	155 NE 3RD ST
City-State-Zip:	WEBSTER FL 33597

Title	CHAIRMAN, DIRECTOR
Name	ELKINS, RANDALL N
Address	12564 CR 755
City-State-Zip:	WEBSTER FL 33597

Title	SECRETARY, DIRECTOR
Name	FUSSELL, RICKY
Address	623 SE 120TH LANE
City-State-Zip:	WEBSTER FL 33597

Title	VP, DIRECTOR
Name	ELKINS, JUSTIN
Address	274 CR 778
City-State-Zip:	WEBSTER FL 33597

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: ANITA GAIL BURRY

TREASURER

02/22/2021

Electronic Signature of Signing Officer/Director Detail_____
Date