

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90279 013 ****61.25

DOCUMENT # 726410

1. Entity Name

KENANSVILLE CEMETERY, INCORPORATED



Principal Place of Business

**100 LAKE MARION RD.
KENANSVILLE FL 34739**

Mailing Address

**P.O. BOX 85
KENANSVILLE FL 34739**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2064739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENKER, AL
1225 GRANT BASS RD
KENANSVILLE FL 34739**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Al Denker

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

(NOTE: Registered Agent signature required when reinstating)

4/24/04 DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YATES, ROBERT**
CITY-ST-ZIP **865 HARVEY RD.
KENANSVILLE FL 34739**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DENKER, AL**
CITY-ST-ZIP **1225 GRANT BASS RD
KENANSVILLE FL 34739**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ROWLAND, MARK**
CITY-ST-ZIP **145 GRANT BASS RD
KENANSVILLE FL 34739**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HARVEY, LILLIANE**
CITY-ST-ZIP **505 HARVEY RD.
KENANSVILLE FL 34739**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LEE, DOROTHY**
CITY-ST-ZIP **1420 S. CANOE CREEK ROAD
KENANSVILLE FL 34739**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARVEY, LOLA**
CITY-ST-ZIP **205 S. POST OFFICE RD.
KENANSVILLE FL 34739**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **PARTIN, LEE**
CITY-ST-ZIP **925 N. CANOE CREEK RD
KENANSVILLE, FL 34739**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 *Lillianne M. Harvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 Date

407-436-1554 Daytime Phone #