

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
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 DENKER, AL 1225 GRANT BASS RD KENANSVILLE FL 34739	
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7. Name and Address of New Registered Agent	
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  DATE 4/19/08

Signature, typed or printed name of registered agent and Florida corporation. (NOTE: Registered Agent signature is not required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YATES, ROBERT 865 HARVEY RD. KENANSVILLE FL 34739 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DENKER, AL 1225 GRANT BASS RD KENANSVILLE FL 34739 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ROWLAND, MARK 145 GRANT BASS RD KENANSVILLE FL 34739 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HARVEY, LILLIANE 505 HARVEY RD. KENANSVILLE FL 34739 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PARTIN, LEE 925 N. CANOE CREEK ROAD KENANSVILLE FL 34739 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HARVEY, LOLA 205 S. POST OFFICE RD. KENANSVILLE FL 34739 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U00000937927 05/27/08-80070-010 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Lillian M. Harvey **LILLIANE M. HARVEY-SECRETARY 4/24/08 407-438-1954**