

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 23, 2010
Secretary of State

DOCUMENT# 726410

Entity Name: KENANSVILLE CEMETERY, INCORPORATED**Current Principal Place of Business:**100 LAKE MARION RD.
KENANSVILLE, FL 34739**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 85
KENANSVILLE, FL 34739**New Mailing Address:****FEI Number:** 59-2064739**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DENKER, AL
1225 GRANT BASS RD
KENANSVILLE, FL 34739 US**Name and Address of New Registered Agent:**VALLEY, LOIS P
534 MINNOW COURT
KENANSVILLE, FL 34739 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: LOIS VALLEY

04/23/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: T
Name: SMOTHERS, BEULAH
Address: 429 SPOONBILL COURT.
City-St-Zip: KENANSVILLE, FL 34739

Title: P
Name: VALLEY, LOIS
Address: 534 MINNOW COURT
City-St-Zip: KENANSVILLE, FL 34739

Title: V
Name: VENTERS, JOSEPH
Address: 726 S. CANOE CREEK
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: HARVEY, LILLIANE
Address: 425 HARVEY RD.
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: PARTIN, LEE
Address: 925 N. CANOE CREEK ROAD
City-St-Zip: KENANSVILLE, FL 34739

Title: D
Name: HARVEY, LOLA
Address: 205 S. POST OFFICE RD.
City-St-Zip: KENANSVILLE, FL 34739

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: LOIS VALLEY

P

04/23/2010

Electronic Signature of Signing Officer or Director_____
Date