

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726410

**Entity Name:** KENANSVILLE CEMETERY, INCORPORATED**Current Principal Place of Business:**100 LAKE MARIAN RD.  
KENANSVILLE, FL 34739**Current Mailing Address:**P.O. BOX 85  
KENANSVILLE, FL 34739**FEI Number:** 59-2064739**Certificate of Status Desired:** No**Name and Address of Current 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

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

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

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

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

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

Title	D
Name	COLLINS, ESTHER R
Address	1500 LAKE MARIAN ROAD
City-State-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**PRESIDENT****02/20/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date