

2016 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:**PARTON, LEE PRESIDENT
925 N CANOE CREEK RD
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:** LEE PARTON

03/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
Name PARTON, LEE
Address 925 N CANOE CREEK
City-State-Zip: KENANSVILLE FL 34739

Title DIRECTOR
Name SINQUEFIELD, ANNIE G BOARD
 MEMBER
Address 530 MINNOW CT
City-State-Zip: KENANSVILLE FL 34739

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

Title DIRECTOR
Name VALLEY, LOIS W DIRECTOR
Address 530 MINNOW CT
City-State-Zip: KENANSVILLE FL 34739

Title VP
Name HEATH, CHARLES
Address 240 4TH AVENUE
City-State-Zip: KENANSVILLE FL 34739

Title SECRETARY
Name HEATH, JUDY
Address 240 4TH AVENUE
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: HEATH, JUDY**SECRETARY**

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date