

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2009
Secretary of State**

DOCUMENT# N02427

Entity Name: SALUDA CEMETERY ASSOCIATON, INC.

Current Principal Place of Business:

7421 NE US HWY 301
HAWTHORNE, FL 32640 US

New Principal Place of Business:

Current Mailing Address:

7421 NE US HWY 301
HAWTHORNE, FL 32640 US

New Mailing Address:

FEI Number: 59-2719633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ALIC S. MR.
7421 NE US HWY 301
HAWTHORNE, FL 32640 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, ALIC,
Address: 7421 NE US HWY 301
City-St-Zip: HAWTHORNE, FL 32640

Title: ST () Delete
Name: DAVIS, JUDY
Address: 7421 NE US HWY 301
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: TILLIS, BRINCE
Address: P.O. BOX 566 N/A
City-St-Zip: EARLTON, FL

Title: D () Delete
Name: DOUGHERTY, PAUL
Address: 17627 NE 72ND PLACE
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: YARBOROUGH, JOEY
Address: 17426 NE 77TH LN
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: BASS, JOHNNY
Address: 16727 NE 83RD PL
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALIC S. DAVIS

PD

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date