

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02427

FILED  
Feb 26, 2012  
Secretary of State

**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

**New Mailing Address:**

7421 NE US HWY 301  
HAWTHORNE, FL 32640 US

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  
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  
Name: DAVIS, ALIC  
Address: 7421 NE US HWY 301  
City-St-Zip: HAWTHORNE, FL 32640

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

Title: D  
Name: TILLIS, BRINCE  
Address: P.O. BOX 566 N/A  
City-St-Zip: EARLTON, FL 32640

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

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

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: ALIC DAVIS

PD

02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date