

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2009
Secretary of State**

DOCUMENT# N07000006373

Entity Name: SHINGLE CREEK CEMETERY FUND, INC.

Current Principal Place of Business:

2420 OLD VINELAND ROAD
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

2375 SUE DRIVE
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 11-3816927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILBERT, BETTY
2375 SUE DRIVE
KISSIMMEE, FL 34741 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: P () Delete
Name: OVERSTREET, DUKE
Address: 4245 REEVES ROAD
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP () Delete
Name: OVERSTREET, MARK
Address: 13951 US 98 NORTH
City-St-Zip: KATHLEEN, FL 33849 US

Title: VP () Delete
Name: BRONSON, VINCENT
Address: 950 N. ROMA WAY
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP () Delete
Name: SMITH, VIANNE
Address: 4800 CANOE CREEK ROAD
City-St-Zip: ST.CLOUD, FL 34772 US

Title: S/T () Delete
Name: GILBERT, BETTY
Address: 2375 SUE DRIVE
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: BETTY GILBERT

S/T

01/11/2009

Electronic Signature of Signing Officer or Director

Date