2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17877

Apr 22, 2005 Secretary of State

Entity Name: SOUTH SUMTER EVERGREEN CEMETERY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1073, FINKLEY STREET BUSHNELL, FL 33513

Current Mailing Address: New Mailing Address:

P.O. BOX 1073, FINKLEY STREET BUSHNELL, FL 33513

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAHAM, ROBERT P 308 SOUTH PINE STREET BUSHNELL, FL 33513

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

GRAHAM, ROBERT MR. Name: Name: 308 SOUTH PINE STREET Address: Address: BUSHNELL, FL 33513 US City-St-Zip: City-St-Zip:

Title: T/D () Delete Title: (X) Change () Addition

HALL, JAMES MR. Name: HALL, JAMES ELDER Name: Address: 11423 CR-727 Address: 3694 COUNTY ROAD 754 City-St-Zip: WEBSTER, FL 33597 US City-St-Zip: WEBSTER, FL 33597 US

Title: () Delete Title: () Change () Addition

TAYLOR, GEORGE M MR. Name: Name: 173 JEFFERSON STREET Address: Address: City-St-Zip: CENTER HILL, FL 33514 US City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: STEPHENS, CARL MR. Name: STEPHENS, CARL MR. 6608 COUNTY ROAD 476A Address: 6608 CR-476A Address:

City-St-Zip: BUSHNELL, FL 33513 US City-St-Zip: BUSHNELL, FL 33513 US

Title: () Delete Title: (X) Change () Addition STEELE, MAE W MS. STEELE, MAE W MS. Name: Name:

11423 COUNTY ROAD 727 Address: 11423 CR-727 Address: City-St-Zip: WEBSTER, FL 33597 US City-St-Zip: WEBSTER, FL 33597 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MS. MAE W STEELE F.S. 04/22/2005