

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17877

FILED
Jan 21, 2009
Secretary of State

Entity Name: SOUTH SUMTER EVERGREEN CEMETERY ASSOCIATION, INC

Current Principal Place of Business:

308 SOUTH PINE STREET
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1073
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2729977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRAHAM, ROBERT P
308 SOUTH PINE STREET
BUSHNELL, FL 33513 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/D () Delete
Name: GRAHAM, ROBERT P MR.
Address: 308 SOUTH PINE STREET
City-St-Zip: BUSHNELL, FL 33513 US

Title: T/D () Delete
Name: HALL, JAMES ELDER
Address: 3694 COUNTY ROAD 754
City-St-Zip: WEBSTER, FL 33597 US

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

Title: F.S. () Delete
Name: STEELE, MAE W MS.
Address: 11423 COUNTY ROAD 727
City-St-Zip: WEBSTER, FL 33597 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T/D (X) Change () Addition
Name: HALL, JAMES BISHOP
Address: 3694 COUNTY ROAD 754
City-St-Zip: WEBSTER, FL 33597 US

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: MAE W. STEELE

F.S.

01/21/2009

Electronic Signature of Signing Officer or Director

Date