

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000462

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** ST. AUGUSTINE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

505 N RODRIQUEZ STREET  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

7545 CENTURION PKWY  
UNIT 301  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-0432160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROOT, RICHARD D  
8444 STABLES ROAD  
JACKSONVILLE, FL 32256 US

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

ROOT, RICHARD D PRES  
8444 STABLES ROAD  
JACKSONVILLE, FL 32256 US

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: RICHARD D. ROOT

04/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCTP ( ) Delete  
Name: ROOT, RICHARD D.  
Address: 8444 STABLES ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: BLAYLOCK, MARK C  
Address: 2699 BLOSSOM TRAIL EAST  
City-St-Zip: BLACKSBURG, VA 24060

Title: D ( ) Delete  
Name: CARTER, ELAINE J  
Address: 8019 ACORN RIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCTP (X) Change ( ) Addition  
Name: ROOT, RICHARD D  
Address: 8444 STABLES ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

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: RICHARD D. ROOT

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date