

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000431

Entity Name: LEESBURG CEMETERIES, INC.**Current Principal Place of Business:**306 THOMAS AVENUE
LEESBURG, FL 34748**Current Mailing Address:**POST OFFICE BOX 490804
LEESBURG, FL 34749-0804 US**FEI Number: 59-0652249****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STIVENDER, FRANK
1407 PARK HOLLAND ROAD
LEESBURG, FL 34748 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name KIRSTE, MEREDITH M
Address 7928 US HWY 441
STE 3
City-State-Zip: LEESBURG FL 34748

Title VP
Name HOORNSTRA, JOHN
Address 35043 RAINTREE DRIVE
City-State-Zip: FRUITLAND PARK FL 34731

Title T
Name JONES, TOM
Address 6530 TUSCAWILLA DRIVE
City-State-Zip: LEESBURG FL 34748

Title EXECUTIVE DIRECTOR
Name METCALF, TRACY
Address 2934 GRIFFIN VIEW ROAD
City-State-Zip: LADY LAKE FL 32159

Title S
Name JOHNSON, JACQUELYN
Address 100 CAROLINE AVENUE
City-State-Zip: LADY LAKE FL 32159

Title D
Name TUCKER, MURRAY
Address 400 CO. ROAD 468
City-State-Zip: LEESBURG FL 34748

Title P
Name FRANK, STIVENDER
Address P O BOX 34749-0152
City-State-Zip: LEESBURG FL 34749

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: TRACY METCALF**EXECUTIVE DIRECTOR****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date