

2017 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**FEI Number:** 59-0652249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DODGE, MARY L
134 LANDING DR
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	PD
Name	DODGE, MARY L
Address	134 LANDING DR
City-State-Zip:	LEESBURG FL 34748

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

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

Title	ST
Name	FAHS, GLORIANNE E
Address	1307 S. 8TH STREET
City-State-Zip:	LEESBURG FL 34748
Title	D
Name	HOORNSTRA, JOHN
Address	35043 RAINTREE DRIVE
City-State-Zip:	FRUITLAND PARK FL 34731
Title	DIRECTOR
Name	JONES, TOM
Address	6530 TUSCAWILLA DR
City-State-Zip:	LEESBURG FL 34748

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: MARY L. DODGE**PD****04/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date