

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 459137

FILED
Jan 16, 2009
Secretary of State

Entity Name: VENICE MEMORIAL GARDENS, INC.

Current Principal Place of Business:

1950 CENTER RD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

1950 CENTER RD
VENICE, FL 34292

New Mailing Address:

FEI Number: 59-1604973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISPHORDING, ROGER
333 S. TAMiami TRAIL
SUITE 199
VENICE, FL 34285 US

Name and Address of New Registered Agent:

WILLIAMS, JOHN VP
333 S. TAMiami TRAIL
SUITE 199
VENICE, FL 34285 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: JOHN WILLIAMS

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARLEY, DAVID
Address: 720 CADIZ ROAD
City-St-Zip: VENICE, FL 34285

Title: ST () Delete
Name: FARLEY, JOANNE
Address: 720 CADIZ RD.
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: WILLIAMS, JOHN
Address: 1113 RIVER STREET
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: ROBERSON, KEN
Address: 758 MIRADA LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WILLIAMS

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date