


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 703783 1. Entity Name SUMTERVILLE CEMETERY ASSOCIATION INC	
---	---

Principal Place of Business 501 CR 527 S PANASOFFKEE, FL 33538 US	Mailing Address 501 CR 527 S PANASOFFKEE, FL 33538 US
---	---

DO NOT WRITE IN THIS SPACE



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2869999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSH, LINDA C.
537 CR 527 E
LAKE PANASOFFKEE, FL 33538**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYNOLDS, ROBERT 2743 COUNTY ROAD 520 SUMTERVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LASLEY, BARBARA M 15 C R 527 N LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, WILLIAM S 537 CR 527 E PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSH, LINDA C. 537 CR 527 E PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, WALLACE L. P.O. BOX 352 NA PANASOFFKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD WOODARD, KENNETH 501 CR 527 S LAKE PANASOFFKEE, FL

U000000766313
06/14/07-80002-014 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth R. Woodard* **Kenneth R. Woodard** 6/10/07 352-793-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #