

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 015 ****61.25

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04182008 Chg-NP CR2E037 (12/06)

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2869999 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSH, LINDA C. 537 CR 527 E LAKE PANASOFFKEE, FL 33538			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, ROBERT		NAME		
STREET ADDRESS	2743 COUNTY ROAD 520		STREET ADDRESS		
CITY-ST-ZIP	SUMTERVILLE, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LASLEY, BARBARA M		NAME		
STREET ADDRESS	15 C R 527 N		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSH, WILLIAM S		NAME		
STREET ADDRESS	537 CR 527 E		STREET ADDRESS		
CITY-ST-ZIP	PANASOFFKEE, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSH, LINDA C.		NAME		
STREET ADDRESS	537 CR 527 E		STREET ADDRESS		
CITY-ST-ZIP	PANASOFFKEE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGES, WALLACE L.		NAME		
STREET ADDRESS	P.O. BOX 352 NA		STREET ADDRESS		
CITY-ST-ZIP	PANASOFFKEE, FL		CITY-ST-ZIP		
TITLE	PMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODARD, KENNETH		NAME		
STREET ADDRESS	501 CR 527 S		STREET ADDRESS		
CITY-ST-ZIP	LAKE PANASOFFKEE, FL		CITY-ST-ZIP		
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: <i>Kenneth R. Woodard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/26/08 Daytime Phone #: 352-392-1811 ext. 227		