2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 703783

Entity Name: SUMTERVILLE CEMETERY ASSOCIATION INC

Current Principal Place of Business:

501 CR 527 S
PANASOFFKEE, FL 33538 US

New Principal Place of Business:

501 CR 527 S
LAKE PANASOFFKEE, FL 33538 US

Current Mailing Address:

501 CR 527 S
PANASOFFKEE, FL 33538 US

New Mailing Address:

501 CR 527 S
LAKE PANASOFFKEE, FL 33538 US

FEI Number: 59-2869999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: REYNOLDS, ROBERT
Address: 2743 COUNTY ROAD 520
City-St-Zip: SUMTERVILLE, FL

Title: TD ( ) Delete
Name: LASLEY, BARBARA M
Address: 15 C R 527 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD ( ) Delete
Name: MARSH, LINDA C.
Address: 537 CR 527 E
City-St-Zip: PANASOFFKEE, FL

Title: PMD ( ) Delete
Name: WOODARD, KENNETH,
Address: 501 CR 527 S
City-St-Zip: LAKE PANASOFFKEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: REYNOLDS, ROBERT
Address: 2743 COUNTY ROAD 520
City-St-Zip: SUMTERVILLE, FL US

Title: TD (X) Change ( ) Addition
Name: LASLEY, BARBARA M
Address: 15 C R 527 N
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: SD (X) Change ( ) Addition
Name: MARSH, LINDA C.
Address: 537 CR 527 E
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: PMD (X) Change ( ) Addition
Name: WOODARD, KENNETH,
Address: 501 CR 527 S
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

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

SIGNATURE: KENNETH R. WOODARD PMD 03/06/2009

Electronic Signature of Signing Officer or Director Date