2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 714404

Entity Name: GRAND ISLAND CEMETERY, INC.

Current Principal Place of Business:

38314 ECHOLS RD
LEESBURG, FL 34788 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 350004
GRAND ISLE, FL 32735 US

New Mailing Address:

P O BOX 350004
GRAND ISLAND, FL 32735 US

FEI Number: 59-2596473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILTON, W.A. J
38314 ECHOLS ROAD
LEESBURG, FL 34788 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:	P	( ) Delete
Name:	BRACKMAN, JOHN	
Address:	36648 S FISH CAMP RD	
City-St-Zip:	GRAND ISLAND, FL 32735	
Title:	D	( ) Delete
Name:	CASON, ROBERT	
Address:	740 WISLERIA AVE	
City-St-Zip:	UMATILLA, FL 32784	
Title:	D	( ) Delete
Name:	DURDEN, HOWARD C	
Address:	635 OLEANDER STREET	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	D	( ) Delete
Name:	GOTTFRIED, TED	
Address:	1031 N MAGNOLIA CIR	
City-St-Zip:	EUSTIS, FL 32726	
Title:	T	( ) Delete
Name:	MILTON, W.A., JR	
Address:	38314 ECHOLS ROAD	
City-St-Zip:	LEESBURG, FL 34788	
Title:	D	( ) Delete
Name:	APEDAILE, MARY	
Address:	13812 DONOVAN LANE	
City-St-Zip:	GRAND ISLAND, FL 32735	

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

SIGNATURE: W A MILTON, JR. O/D 04/21/2009
Electronic Signature of Signing Officer or Director — Date