

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717838

FILED
Apr 24, 2009
Secretary of State

Entity Name: ASTOR PARK CEMETERY, INC.

Current Principal Place of Business:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

New Principal Place of Business:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

Current Mailing Address:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

New Mailing Address:

22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102

FEI Number: 59-2869820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINSON, JOHN W
22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

HUTCHINSON, JOHN W
22200 BLUE CREEK LODGE ROAD
ASTOR, FL 32102 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 W. HUTCHINSON

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V/D () Delete
Name: TRAPPE, EDWARD
Address: 22324 BLUE CREEK LODGE RD
City-St-Zip: ASTOR, FL 32102

Title: T/D () Delete
Name: HUNTSMAN, RUTH
Address: 21329 DARDEN ROAD
City-St-Zip: ASTOR, FL 32102

Title: S/D () Delete
Name: VANCE, ROBERT
Address: 24621 E. RIVER ROAD
City-St-Zip: ASTOR, FL 321025

Title: D () Delete
Name: TRAPPE, EDWARD
Address: 22324 BLUECREEK LODGE RD
City-St-Zip: ASTOR, FL 32102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/D (X) Change () Addition
Name: VANCE, ROBERT
Address: 24621 E. RIVER ROAD
City-St-Zip: ASTOR, FL 32102

Title: D (X) Change () Addition
Name: JOHNSON, CAREY
Address: 24530 W. LLOYD ST.
City-St-Zip: ASTOR, FL 32102

Title: D/S () Change (X) Addition
Name: WOOD, ANN
Address: 56001 BLUE CREEK RD.
City-St-Zip: ASTOR, FL 32102

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: JOHN W. HUTCHINSON

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date