

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718761

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** CROSBY LAKE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

9138 SW 71ST AVE  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 75  
STARKE, FL 32091 US

**New Mailing Address:**

**FEI Number:** 23-7434526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTER, FREEMAN III  
9138 SW 71ST AVE  
HAMPTON, FL 32044 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: REGISTER, FREEMAN III  
Address: 9138 SW 71ST AVE  
City-St-Zip: HAMPTON, FL 32044 US

Title: D ( ) Delete  
Name: GRIFFIS, CLIFF  
Address: ROUTE 3 BOX 1604  
City-St-Zip: STARKE, FL 32091 US

Title: S ( ) Delete  
Name: FUTCH, STEVE P  
Address: 514 EAST NONA STREET  
City-St-Zip: STARKE, FL 32091 US

Title: D ( ) Delete  
Name: PETELLE, KENT  
Address: 2673 SR 230 EAST  
City-St-Zip: STARKE, FL 32091 US

Title: D ( ) Delete  
Name: BUEHNE, JIM  
Address: 1586 NE 153RD STREET  
City-St-Zip: STARKE, FL 32091 US

Title: T ( ) Delete  
Name: EAVES, CAROLYN  
Address: 613 COLLY RD.  
City-St-Zip: STARKE, FL 32091 US

**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: FREEMAN REGISTER

P/D

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date