2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# 727830

Entity Name: MT. ENON CEMETERY MEMORIAL INC.

Current Principal Place of Business:

TAYLOR ROAD
P.O. BOX #326
PLANT CITY, FL 33564

New Principal Place of Business:

Current Mailing Address:

TAYLOR ROAD
P.O. BOX #326
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-1874280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUNTRUST WEALTH MGMT. ADVISORY CENTER
225 E ROBINSON STREET STE 155
ORLANDO, FL 32801 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: D ( ) Delete
Name: WELCH, ROGER,
Address: 3005 S WIGGINS RD
City-St-Zip: PLANT CITY, FL

Title: ST ( ) Delete
Name: FUTCH, CORINNE
Address: 3601 FUTCH LOOP
City-St-Zip: PLANT CITY, FL 33566

Title: PD ( ) Delete
Name: DEAN, SARAH R.,
Address: 613 S. WIGGINS ROAD
City-St-Zip: PLANT CITY, FL 0,

Title: D ( ) Delete
Name: MITCHELL, LEON
Address: 4107 N. WILDER ROAD
City-St-Zip: PLANT CITY, FL

Title: PD ( ) Delete
Name: FUTCH, FRED E JR,
Address: 3536 FUTCH LOOP
City-St-Zip: PLANT CITY, FL 00000,

Title: D ( ) Delete
Name: HANEY, TOM
Address: 3900 CHARLIE TAYLOR D.
City-St-Zip: PLANT CITY, FL 33566

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 for the exemption stated in Section 119.07(3)(i), 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: SARAH DEAN PD 06/29/2005

Electronic Signature of Signing Officer or Director — Date