2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# 734060

Entity Name: SPRUELL CEMETERY ASSOCIATION OF CANTONMENT, INC.

Current Principal Place of Business:

% STINEBISER, JAMES H.
2845 PINE FORREST RD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

% STINEBISER, JAMES H.
2845 PINE FORREST RD
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-3014167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERNEST, HANNERS
2845 PINE FORREST ROAD
CANTONMENT, FL 32533 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: HANNERS, ERNESTINE H
Address: 2845 PINEFOREST RD.
City-St-Zip: CANTONMENT, FL 32533

Title: S ( ) Delete
Name: HALFACE, CYNTHIA
Address: 1010 HWY 277 A
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: LOCKRIDGE, REGINALD,
Address: 202 JONAH ST
City-St-Zip: CANTONMENT, FL 00000,

Title: D ( ) Delete
Name: HALFACRE, CYNTHIA
Address: 214 BOOTH AVE.
City-St-Zip: CANTONMENT, FL

Title: D ( ) Delete
Name: NORTON, ERNEST,
Address: 209 BOOTH AVE.
City-St-Zip: CANTONMENT, FL

Title: T ( ) Delete
Name: HANNES, ERNESTINE
Address: 2845 PINE FOREST RD
City-St-Zip: CANTONMENT, FL 32533

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: ERNESTINE HANNERS PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date