

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747737

FILED
Aug 31, 2008
Secretary of State

Entity Name: OLD PROVIDENCE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

8515 SE 245
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

8515 SE 245
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-1950636 **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:

BROWN, WILLIAM F
8515 SE CR 245
LAKE CITY, FL 32025 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: T () Delete
Name: BIELLING, CARL
Address: 9827 NW CR 241
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: T () Delete
Name: TANNER, CARL
Address: 4558 W SR 238
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: T () Delete
Name: CLYATT, GLENN
Address: RT 2, BOX 420
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: T () Delete
Name: CLYATT, GREG
Address: 8459 SW 44TH AVE
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: TD () Delete
Name: TUGGLE, JACK,
Address: 8151 SW CR 245
City-St-Zip: LAKE BUTLER, FL 32054 US

Title: ST () Delete
Name: BROWN, WILLIAM F
Address: 8515 SE CR 245
City-St-Zip: LAKE CITY, FL 32025 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
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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: WILLIAM F. BROWN

ST

08/31/2008

Electronic Signature of Signing Officer or Director

Date