

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753507

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** ORANGE HILL CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

21251 NE 75 ST  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

21251 NE 75 ST  
WILLISTON, FL 32696

**New Mailing Address:**

**FEI Number:** 59-0860388

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENDRAY, NORMA  
18351 NE ST RD 121  
WILLISTON, FL 32696 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: SMITH, JOY S  
Address: 18250 NE SR 121  
City-St-Zip: WILLISTON, FL 32696

Title: STD ( ) Delete  
Name: ARNOLD, BETTY ANN  
Address: 2125 NE 75TH ST.  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: YANCEY, LARRY  
Address: 18491 NE SR 121  
City-St-Zip: WILLISTON, FL 32696

Title: P ( ) Delete  
Name: PENDRAY, NORMA  
Address: 18351 NE STATE RD 121  
City-St-Zip: WILLISTON, FL 32696

Title: VP (X) Delete  
Name: WHITEHURST, BETTY  
Address: 20550 NE 75TH ST  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: ARNOLD, BILL  
Address: 2125 NE 75TH ST.  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: SMITH, JOY S  
Address: 18250 NE SR 121  
City-St-Zip: WILLISTON, FL 32696

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: BETTY ANN ARNOLD

STD

01/05/2009

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

\_\_\_\_\_  
Date