2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 756955

Entity Name: OAK RIDGE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

2512 TOMOKA AV TITUSVILLE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2512 TOMOKA AV
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-2921541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCARBOROUGH, TRUMAN JR.
239 HARRISON STREET
TITUSVILLE, FL 32780 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:	FAYSON, GEORGE,	
Address:	2512 TOMOKA AVENUE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	T	( ) Delete
Name:	BELL, EVELYN	
Address:	708 S DELEON AVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	D	( ) Delete
Name:	JENKINS, CHARLES E JR	
Address:	2184 HERITAGE DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	D	( ) Delete
Name:	WILSON, ALFONSO,	
Address:	3614 PARRISH ROAD	
City-St-Zip:	MIMS, FL 32754 US	
Title:	VP	( ) Delete
Name:	WILLIAMS, HOSEA	
Address:	1785 S EDEN CIR	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	S	( ) Delete
Name:	EDMONDSON, CURLEY L	
Address:	PO BOX 1934	
City-St-Zip:	TITUSVILLE, FL 32796 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: GEORGE L. FAYSON, SR. P 04/07/2009

Electronic Signature of Signing Officer or Director — Date