2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758269

FILED Apr 16, 2009 Secretary of State

Entity Name: GILLETTE CEMETERY, INC.

Current Principal Place of Business: New Principal Place of Business: 8911 36TH AVENUE E. PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** % P.O. BOX 361 % P.O. BOX 399 TERRA CEIA, FL 342500361 PALMETTO,, FL 34220 U. FEI Number: 59-2165554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURNETT, C RAY III 1101 9TH AVE WEST BRADENTON, FL 34205 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PEEPLES, DIANNE PEEPLES, DIANNE Name: Name: 2006 61TH STREET EAST Address: 2006 61ST STREET EAST Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 Title: Title: () Delete () Change () Addition Name: WOOTEN, C. H Name: Address: 903 59TH STREET NORTHWEST Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, JACK Name: Name: Address: 307 7TH STREET W. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ANDERSON, GEORGE R Name: 2715 TERRA CEIA BAY BLVD # 306 Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: () Change () Addition HAYMAN, COUNCIL H Name: Name: 14180 85TH AVE. N. Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: () Delete Title: () Change () Addition HORNSBY, MARY AUDREY Name: Name: Address: 2519 97 ST EAST Address: PALMETTO, FL City-St-Zip: 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 R. ANDERSON P 04/16/2009