


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90182 047 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 759911 1. Entity Name MARCO ISLAND CEMETERY, INC. | |  | |
| Principal Place of Business 489 W. ELKCAM CIRCLE MARCO ISLAND FL 34145 US | | Mailing Address P.O. BOX 23 MARCO ISLAND FL 34146 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

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|--|--|--|--|
| 4. FEI Number 59-2222856 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent ZUMBRUN, PHOEBE V. 465 BALD EAGLE #1 MARCO ISLAND FL 34145 <i>DELETE</i> | | 7. Name and Address of New Registered Agent Name: KEVIN L. GRISSOM Street Address (P.O. Box Number is Not Acceptable): 489 WEST ELKCAM CIRCLE City: MARCO ISLAND FL Zip Code: 34146 | |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Kevin L. Grissom* KEVIN L. GRISSOM SENIOR PASTOR DATE: 4/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|--|--|---|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|---|---|
| TITLE: P NAME: GRISSOM, KEVIN L STREET ADDRESS: 489 W. ELKCAM CIRCLE CITY-ST-ZIP: 21437 SHERIDAN RUN PO. BOX 23 ESTERO FL 33928 MARCO ISLAND, FL 34146 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: EVANSON, MILTON L STREET ADDRESS: 1958 SHEFFIELD CITY-ST-ZIP: MARCO ISLAND FL 34145 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D3 NAME: BOWEN, LESTER STREET ADDRESS: 700 INLET DR CITY-ST-ZIP: MARCO ISLAND FL 34145 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TM NAME: WATERSGRISOM, BARBARA STREET ADDRESS: 489 W. ELKCAM CIR CITY-ST-ZIP: 21437 SHERIDAN RUN PO. BOX 23 ESTERO FL 33928 MARCO ISLAND, FL 34146 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: HASSELL, BRIAN STREET ADDRESS: 191 S BAHAMA CITY-ST-ZIP: MARCO ISLAND FL 34145 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin L. Grissom* KEVIN L. GRISSOM, PASTOR DATE: 4/9/07 239-394-3469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devlin Phone #