

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764455**

1. Entity Name  
**EHREN CEMETARY ASSOCIATION INC.**



Principal Place of Business  
P.O. BOX 1601  
LAND O'LAKES, FL 34639

Mailing Address  
P.O. BOX 1601  
LAND O'LAKES, FL 34639



03252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2194005</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BALDREE, DAVID**  
13221 OAKWOOD DRIVE  
HUDSON, FL 34669

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000876469

04/11/08-80073-025 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TOLER, STEVE
STREET ADDRESS	23311 JEROME ROAD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	CD
NAME	BLADREE, DAVID
STREET ADDRESS	13221 OAKWOOD DRIVE
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	D
NAME	ROGERS, LLOYD
STREET ADDRESS	8058 W. CHASSAHOWITZKA STREET
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	D
NAME	SNYDER, VIVIAN
STREET ADDRESS	9412 N EDISON AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	MCCALL, BETTY
STREET ADDRESS	4235 BRYAN ROAD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	STD
NAME	WARD, LINDA T.
STREET ADDRESS	P O BOX 123 N/A
CITY-ST-ZIP	BROOKSVILLE, FL

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Linda T. Ward **Linda T. Ward**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2008

Date

352 796-1236

Daytime Phone #