2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 764455

Entity Name: EHREN CEMETARY ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

EHREN CEMETERY ROAD
LAND O'LAKES, FL 34639

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2194005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BALDREE, DAVID
13221 OAKWOOD DRIVE
HUDSON, FL 34669 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:	TOLER, STEVE	
Address:	23311 JEROME ROAD	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	CD	( ) Delete
Name:	BLADREE, DAVID	
Address:	13221 OAKWOOD DRIVE	
City-St-Zip:	HUDSON, FL 34669	
Title:	D	( ) Delete
Name:	ROGERS, LLOYD	
Address:	8058 W. CHASSAHOWITZKA STREET	
City-St-Zip:	HOMOSASSA, FL	
Title:	D	( ) Delete
Name:	SNYDER, VIVIAN	
Address:	9412 N EDISON AVENUE	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	MCCALL, BETTY	
Address:	4235 BRYAN ROAD	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	STD	( ) Delete
Name:	WARD, LINDA T.,	
Address:	P O BOX 123 N/A	
City-St-Zip:	BROOKSVILLE, FL	

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: LINDA T. WARD STD 02/26/2009

Electronic Signature of Signing Officer or Director — Date