

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768718

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: GARDEN OF MEMORIES, INC.

## Current Principal Place of Business:

12740 CURLEY ST  
SAN ANTONIO, FL 33576 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 156  
SAN ANTONIO, FL 33576 US

## New Mailing Address:

FEI Number: 59-2329771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHRADER, THOMAS A  
12740 CURLEY ST  
SAN ANTONIO, FL 33576 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: VD ( ) Delete  
Name: STORCH, DONALD  
Address: 12134 POMPANIC  
City-St-Zip: SAN ANTONIO, FL

Title: PD ( ) Delete  
Name: KIEFER, AL,  
Address: NO POMPANIC  
City-St-Zip: SAN ANTONIO, FL

Title: STD ( ) Delete  
Name: GUDE, VEDA  
Address: 14042 CURLEY RD  
City-St-Zip: DADE CITY, FL

Title: D ( ) Delete  
Name: SCHRADER, THOMAS A  
Address: 33923 DUNNE RD  
City-St-Zip: SAN ANTONIO, FL 33576

Title: D ( ) Delete  
Name: KIEFER, A. W.,  
Address: N. CURLEY POB 111  
City-St-Zip: SAN ANTONIO, FL

Title: D ( ) Delete  
Name: MCCABE, C B  
Address: MCCABE RD  
City-St-Zip: SAN ANTONIO, 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: THOMAS A SCHRADER

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date