

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768973

FILED
Jan 16, 2009
Secretary of State

Entity Name: JUDD CEMETERY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1635 PHILIPS MANOR RD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1635 PHILIPS MANOR RD
FERNANDINA BEACH, FL 32034

New Mailing Address:

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

Name and Address of Current Registered Agent:

COLLINS, JANE P
1635 PHILIPS MANOR RD
FERNANDINA BEACH, FL 32034 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: PD () Delete
Name: LOHMAN, TERRY
Address: 4650 AMELIA ROAD
City-St-Zip: FERNANDINA BCH, FL 32034

Title: SD () Delete
Name: TAYLOR, ANITA H,
Address: 3235 WINTERBERRY AVENUE
City-St-Zip: FERNANDINA BCH, FL

Title: VPD () Delete
Name: HALL, LOWELL
Address: 2021 SOUTH FLETCHER AVE.
City-St-Zip: FERNANDINA BCH, FL 32034

Title: TD () Delete
Name: COLLINS JANE P,
Address: 1635 PHILIPS MANOR ROAD
City-St-Zip: FERNANDINA BCH, FL 32034

Title: D () Delete
Name: HALL, MELISSA M
Address: 872 OAK LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: TAYLOR, PENNY
Address: 1373 MANUCY ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOHMAN, TERRY
Address: 961146 BUCCANEER TRAIL
City-St-Zip: FERNANDINA BCH, FL 32034

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: JANE P COLLINS

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date