


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 770403 1. Entity Name MACEDONIA CEMETERY ASSOCIATION, INC.	
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Principal Place of Business 6078 HARLEY THRIFT RD MACCLENLY, FL 32063	Mailing Address 6078 HARLEY THRIFT RD MACCLENLY, FL 32063
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent RHODEN, WARREN F 6078 HARLEY THRIFT RD MACCLENLY, FL 32063	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, WINDELL S 6031 WINDELL KIRKLAND RD MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, ELGIN J. 177 N. 1ST ST. MACCLENLY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, WARREN F 6078 HARLEY THRIFT ROAD MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REWIS, DAVID C. 15410 N STATE ROAD 121 MACCLENLY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGERS, RALPH C. 15001 N STATE RD 121 MACCLENLY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, FRED P 5817 FARMVIEW LANE MACCLENLY, FL 32063

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01/12/07-80010-007 61.25

**DO NOT WRITE
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: Warren F. Rhoden WARREN F. Rhoden 1-9-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #