

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770403

FILED
Jan 04, 2008
Secretary of State

Entity Name: MACEDONIA CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

6078 HARLEY THRIFT RD
MACCLENNEY, FL 32063

New Principal Place of Business:

Current Mailing Address:

6078 HARLEY THRIFT RD
MACCLENNEY, FL 32063

New Mailing Address:

FEI Number: 26-1656186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHODEN, WARREN F
6078 HARLEY THRIFT RD
MACCLENNEY, FL 32063 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: KIRKLAND, WINDELL S
Address: 6031 WINDELL KIRKLAND RD
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: BARNES, ELGIN J.,
Address: 177 N. 1ST ST.
City-St-Zip: MACCLENNEY, FL

Title: D () Delete
Name: RHODEN, WARREN F
Address: 6078 HARLEY THRIFT ROAD
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: REWIS, DAVID C.
Address: 15410 N STATE ROAD 121
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: SIGERS, RALPH C.,
Address: 15001 N STATE RD 121
City-St-Zip: MACCLENNEY, FL

Title: D () Delete
Name: KIRKLAND, FRED P
Address: 5817 FARMVIEW LANE
City-St-Zip: MACCLENNEY, FL 32063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARNES, ELGIN J.,
Address: 177 N. 1ST ST.
City-St-Zip: MACCLENNEY, FL 32063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIGERS, RALPH C.,
Address: 15001 N STATE RD 121
City-St-Zip: MACCLENNEY, FL 32063

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: WARREN F. RHODEN

RA

01/04/2008

Electronic Signature of Signing Officer or Director

Date