2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F75939

Entity Name: SEA PINES MEMORIAL GARDENS, INC.

Current Principal Place of Business:

3001 S. US HWY. #1
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

3001 S. US HWY. #1
P.O.BOX 236
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2378379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, WALTER C.
406 S.ORANGE ST.
NEW SMYRNA BCH., FL 32069 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, WALTER C.
Address: 406 S. ORANGE ST.
City-St-Zip: NEW SMYRNA BCH., FL

Title: VP ( ) Delete
Name: PARSLEY, JAMES
Address: 2721 WOODLAND DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: ST (X) Delete
Name: HUMPHREY, MARTHA
Address: 412 TIMBERLANE DR.
City-St-Zip: NEW SMYRNA BCH., FL

Title: VP (X) Delete
Name: HUMPHREY, JAMES D SR
Address: 412 S.TIMBERLINE DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: JOHNSON, LUCILLE
Address: 712-A EAST MINNESOTA AVE.
City-St-Zip: DELAND, FL 32724

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ANN TUCKER MGR 04/14/2009

Electronic Signature of Signing Officer or Director Date