

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F75939

**FILED**  
**Jun 25, 2012**  
**Secretary of State**

**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:**

JOHNSON, WALTER C.  
406 S.ORANGE ST.  
NEW SMYRNA BCH., FL 32168 US

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

06/25/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: ST  
Name: JOHNSON, MORRIS ANN  
Address: 406 S. ORANGE ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby 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 all other like empowered.

SIGNATURE: WALTER C. JOHNSON

P

06/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date