2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001197

Entity Name: CURLEW CEMETERY ASSOCIATION, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 222 RIVIERE RD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 222 RIVIERE RD PALM HARBOR, FL 34683 FEI Number: 59-3633295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WADE, JUDITH A 222 RIVIERE RD PALM HARBOR, FL 34683 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TILLEY, JOANN BLACK, LARRY Name: Name: 535 LOUDEN AVE Address: 650 MARJON AV Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: (X) Change () Addition BRAND, DIANE Name: HOLLOWAY, CHARLES S Name: Address: 1731 HICKORY GATE DR. N. Address: 1903 LEVINE LANE City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: CLEARWATER, FL 33760 Title: () Delete Title: () Change () Addition WORSHAM, VIRGINIA Name: Name: Address: 744 11TH ST. Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WADE, JUDITH A Name: Address: 222 RIVIERE RD. Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: ATD () Delete Title: (X) Change () Addition JENKINS, LARRY Name: Name: JENKINS, LARRY 1008 MICHIGAN BLD 1008 MICHIGAN BLD Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: (X) Change () Addition BLACK, LARRY TILLEY, JO ANN Name: Name: Address: 650 MARJON AVE Address: 535 LOUDEN ST DUNEDIN, FL 34698 DUNEDIN, FL 34698 City-St-Zip: 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: JUDITH A. WADE SD 01/27/2009