

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00176

FILED
Apr 18, 2009
Secretary of State

Entity Name: THE ALDERMAN PELOTE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

9900 PELOTE CEMETERY ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 655
LITHIA, FL 33547

New Mailing Address:

9900 PELOTE CEMETERY ROAD
LITHIA, FL 33547

FEI Number: 59-2384574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURRENCY, TROY E
9917 HWY 39 SO.
LITHIA, FL 33547 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: P () Delete
Name: ADAMS, BILL
Address: 1404 SWILLEY RD
City-St-Zip: PLANT CITY, FL 33566

Title: V () Delete
Name: SUMNER, WAYNE
Address: 1105 THOMPSON RD
City-St-Zip: LITHIA, FL 33547

Title: STD () Delete
Name: SURRENLY, TROY
Address: 9917 HWY 39 SO
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: PIERCE, BARBARA
Address: 10237 BRYANT RD
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: HARTLEY, JANICE
Address: P.O. BOX 549
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: SMITH, DAVID E
Address: 9909 HARTER SMITH DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: SURRENCY, TROY
Address: 9917 HWY 39 SO
City-St-Zip: LITHIA, FL 33547

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

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

SIGNATURE: TROY SURRENCY

MR.

04/18/2009

Electronic Signature of Signing Officer or Director

Date