


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000431 1. Entity Name SPRUCE CREEK HEIGHTS CEMETERY, INC.	
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Principal Place of Business 1795 EARHART COURT PORT ORANGE, FL 32128	Mailing Address 1795 EARHART COURT PORT ORANGE, FL 32128
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04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3707335	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANDUS-LANE, BETTY B 1795 EARHART COURT DAYTONA BEACH, FL 32124
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNS, ELIZABETH B 200 SOUTH SHELL RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNS, CALVIN M 1641 PALM DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MANDUS-LANE, BETTY B 1795 EARHART COURT PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Mandus Lane 4/22/08 (386) 7568435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #