2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000005601

Entity Name: HAYNES MEMORIAL HISTORIC CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 700
MICANOPY, FL 32667

New Principal Place of Business:

802 NORTH DIVISION ST
MICANOPY, FL 32667

Current Mailing Address:

P.O. BOX 700
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 74-3097530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JACQUELYN
707 N. DIVISION STREET
MICANOPY, FL 32667 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: DP ( ) Delete
Name: STROBLES, STANLEY REV.
Address: 802 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: DVP ( ) Delete
Name: GUY, GEORGE
Address: 202 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: DST ( ) Delete
Name: JONES, JAQUELYN
Address: 707 N. DIVISION STREET
City-St-Zip: MICANOPY, FL 32667

Title: T ( ) Delete
Name: LATSON, LARRY L
Address: P.O. BOX 153, 308 NW 5TH STREET
City-St-Zip: MICANOPY, FL 32667

Title: T ( ) Delete
Name: TAYLOR, MARTHA
Address: 702 NW 2ND STYREET
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STANLEY E STROBLES, REV PRES 04/27/2009
Electronic Signature of Signing Officer or Director — Date