2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

DOCUMENT# N03000007705

Entity Name: DUKES CEMETARY ASSOCIATION CORPORATION

Current Principal Place of Business:

5540 BIBLE CAMP ROAD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 112
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 56-2385724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOMLINSON, CAROL A
12735 BAY LAKE RD
GROVELAND, FL 34736 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: TOMLINSON, CAROL A
Address: 12735 BAY LAKE RD
City-St-Zip: GROVELAND, FL 34736 US

Title: VP ( ) Delete
Name: THOMPSON, JOYCE
Address: PO BOX 124
City-St-Zip: MASCOTTE, FL 34753

Title: S/T ( ) Delete
Name: OWENS, LINDA
Address: 18117 ROSE ST
City-St-Zip: GROVELAND, FL 34736

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:

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: LINDA OWENS S/T 04/12/2008

Electronic Signature of Signing Officer or Director — Date