


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03285 1. Entity Name SYLVAN LAKE CEMETERY, INC.	
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Principal Place of Business 6022 FEATHER LANE SANFORD, FL 32771	Mailing Address 6022 FEATHER LANE SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2413315	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNER, KATHRYN
6022 FEATHER LANE
SANFORD, FL 32771

**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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNER, KATHRYN 6022 FEATHER LANE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUSE, CLAUDIA 226 MOUREEN DRIVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PELHAM, REBECCA 135 S.CENTER RD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, JULIE 105 POLO LANE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNER, PAULA 221 ADELLE AV DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, LISA 5751 MICHELLE LN SANFORD, FL 32771

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05/14/09-80041-003 61.25

**DO NOT WRITE
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:  **4-3-08** **407-322-6160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #