2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N03285

Entity Name: SYLVAN LAKE CEMETERY, INC.

Current Principal Place of Business:

6022 FEATHER LANE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6022 FEATHER LANE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2413315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOWNER, KATHRYN
6022 FEATHER LANE
SANFORD, FL 32771 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:	PD	( ) Delete
Name:	DOWNER, KATHRYN	
Address:	6022 FEATHER LANE	
City-St-Zip:	SANFORD, FL 32771	
Title:	DT	( ) Delete
Name:	MUSE, CLAUDIA	
Address:	226 MOUREEN DRIVE	
City-St-Zip:	SANFORD, FL 32771	
Title:	DS	( ) Delete
Name:	PELHAM, REBECCA	
Address:	135 S.CENTER RD.	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	ROWE, JULIE	
Address:	105 POLO LANE	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	DOWNER, PAULA	
Address:	221 ADELLE AV	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	NEWTON, LISA	
Address:	5751 MICHELLE LN	
City-St-Zip:	SANFORD, FL 32771	

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:	
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: KATHRYN DOWNER PRES 03/15/2009

Electronic Signature of Signing Officer or Director — Date