

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03493

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** JENNINGS LAKE CEMETERY TRUSTEES, INC.

**Current Principal Place of Business:**

9417 SW 17 AVE  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

9417 SW 17 AVE  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-2923121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAY, EMMA L  
9417 SW 17 AVE  
GAINESVILLE, FL 32607 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: EVERETT, J.M.  
Address: HWY 341  
City-St-Zip: TRENTON, FL 32693

Title: VPD ( ) Delete  
Name: BASS, LAREN  
Address: HWY 232  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: CANNON, RAY  
Address: 5050 S.W. C.R. 232  
City-St-Zip: BELL, FL 32619 US

Title: D ( ) Delete  
Name: CANNON, ARNET  
Address: CR 307  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: CANNON, DELL  
Address: CR, 341  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: WILLIAMSON, BRENT  
Address: HWY 232  
City-St-Zip: BELL, FL 32619

**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: EMMA L GAY

D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date