

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000925

FILED
Apr 27, 2009
Secretary of State

Entity Name: MOUNT ZION CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

35436 RUFFING RD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

35436 RUFFING RD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 26-0752581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKETT, WILLIAM P
35436 RUFFING ROAD
DADE CITY, FL 33523 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: D () Delete
Name: HAMMOND, BETH
Address: 35436 RUFFING RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MOORE, N.L.
Address: 35436 RUFFING RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: BOWE, DAVID
Address: 35436 RUFFING RD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: RICHMOND, SANDRA
Address: 35436 RUFFING RD
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: BURKETT, SHIRLEY
Address: 35436 RUFFING RD
City-St-Zip: DADE CITY, FL 33523

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: SHIRLEY BURKETT

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date