


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N04000001528	
1. Entity Name WOODLAWN/GALILEE CEMETERY RESTORATION TASK FORCE, INC.	

Principal Place of Business 1781 DR. M.L.K. JR WAY SARASOTA, FL 34234	Mailing Address 1781 DR. M.L.K. JR WAY SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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 WALKER, SHIRLEY 1781 DR. M.L.K. JR WAY SARASOTA, FL 34234	DO NOT WRITE IN THIS SPACE
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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 Shirley Walker, Secretary Shirley Walker 1/9/08
Signature, typed or printed name of registered agent and title if applicable. (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	V MYRICK, EULINE 2705 18TH STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHAND, VALERIE 2562 JANIE POE DR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, SHIRLEY 3111 GOODRICH AVE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERGERSON, DELLA 3211 BUNCHE STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYES, AUDREY 3108 NEWTON BLVD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSH, JAMES DR 2677 SOUTH TAMiami TRAIL SARASOTA, FL 34237

**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: Shirley Walker 1/9/08 941-359-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #