

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001528

FILED
Jan 05, 2009
Secretary of State

Entity Name: WOODLAWN/GALILEE CEMETERY RESTORATION TASK FORCE, INC.

Current Principal Place of Business:

1781 DR. M.L.K. JR WAY
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1781 DR. M.L.K. JR WAY
SARASOTA, FL 34234

New Mailing Address:

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

Name and Address of Current Registered Agent:

WALKER, SHIRLEY
1781 DR. M.L.K. JR WAY
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

WALKER, SHIRLEY A
1781 DR. M.L.K. JR WAY
SARASOTA, FL 34234 US

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: SHIRLEY A. WALKER

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MYRICK, EULINE
Address: 2705 18TH STREET
City-St-Zip: SARASOTA, FL 34234

Title: P () Delete
Name: BUCHAND, VALERIE
Address: 2562 JANIE POE DR
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: WALKER, SHIRLEY
Address: 3111 GOODRICH AVE
City-St-Zip: SARASOTA, FL 34234

Title: T () Delete
Name: FERGERSON, DELLA
Address: 3211 BUNCHE STREET
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MAYES, AUDREY
Address: 3108 NEWTON BLVD
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: MARSH, JAMES DR
Address: 2677 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34237

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
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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: VALERIE BUCHAND

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date