2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N04000003228

Entity Name: HOLLISTER SWEETWATER CEMETERY, INC.

Current Principal Place of Business:

111 CEMETERY ROAD
HOLLISTER, FL 32147

New Principal Place of Business:

Current Mailing Address:

PO BOX 334
HOLLISTER, FL 32147

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:

REID, RACHEL C
3001 TWIGG STREET
PALATKA, FL 32177 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: T ( ) Delete
Name: REID, RACHEL C
Address: 3001 TWIGG STREET
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete
Name: CORNELIO, ESTHER B
Address: 109 CORNELIO ALLY
City-St-Zip: INTERLACHIN, FL 32148

Title: T ( ) Delete
Name: OSTEEN, LD
Address: PO BOX 480
City-St-Zip: HOLLISTER, FL 32147

Title: T ( ) Delete
Name: STOEFFLER, ROBERT R
Address: PO BOX 206
City-St-Zip: HOLLISTER, FL 32147

Title: T ( ) Delete
Name: SHROUDER, FRANK
Address: PO BOX 44
City-St-Zip: HOLLISTER, FL 32147

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: RACHEL C REID T 01/07/2009
Electronic Signature of Signing Officer or Director — Date