

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008373

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: OAK GROVE MEMORIAL CEMETERY, INC.

**Current Principal Place of Business:**

HWY 44 E.  
ORANGE BEND, FL 34749 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491592  
LEESBURG, FL 34749 US

**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:**

SEWELL, STEPHEN G  
907 WEBSTER STREET  
LEESBURG, FL 34748 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: P ( ) Delete  
Name: ADAMS, LEROY SR  
Address: 10946 ANDREW STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: VP ( ) Delete  
Name: CURRY, EARL  
Address: 335825 LAKE YALE DRIVE  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: S ( ) Delete  
Name: MINEY, JOHNNY  
Address: 34525 RADIO ROAD  
City-St-Zip: LEESBURG, FL 34788 US

Title: T ( ) Delete  
Name: ADAMS, ANNIE M  
Address: 10946 ANDREW STREET  
City-St-Zip: LEESBURG, FL 34748 US

**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:

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: LEROY ADAMS SR

P

03/26/2008

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

\_\_\_\_\_  
Date