

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N04000008373

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

04/20/2009

Electronic Signature of Signing Officer or Director

Date