

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008904

FILED
Feb 20, 2008
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF CEMETERY PRESERVATIONISTS, INC.

Current Principal Place of Business:

1202 DENECE TERRACE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1202 DENECE TERRACE
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 20-1451654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DORIS
1202 DENECE TERRACE
HOLLY HILL, FL 32117 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: D () Delete
Name: SMITH, DORIS E
Address: 1202 DENECE TERRACE
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: FARRIS, LORRAINE
Address: 355 GARDEN STREET
City-St-Zip: DELAND, FL 327201254

Title: T () Delete
Name: CANADY, JIMMY
Address: 1931 10TH STREET
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: OLSON, HEATHER
Address: 329 BRITTANY CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LAMPART, SARAH
Address: 2603 TRAVELERS PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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: SARAH LAMPART

T

02/20/2008

Electronic Signature of Signing Officer or Director

Date