2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008904

FILED Jan 17, 2009 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF CEMETERY PRESERVATIONISTS, INC.

Current Principal Place of Business: New Principal Place of Business: 1202 DENEECE TERRACE HOLLY HILL, FL 32117 **Current Mailing Address: New Mailing Address:** 1202 DENEECE TERRACE HOLLY HILL, FL 32117 FEI Number: 20-1451654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, DORIS 1202 DENEECE TERRACE HOLLY HILL, FL 32117 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH, DORIS E Name: Name: 1202 DENEECE TERRACE Address: Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: Title: () Delete Title: (X) Change () Addition FARRIS, LORRAINE Name: Name: FARRIS, DOUG Address: 355 GARDEN STREET Address: 355 GARDEN STREET City-St-Zip: DELAND, FL 327201254 City-St-Zip: DELAND, FL 327201254 Title: () Delete Title: (X) Change () Addition LAMPART, SARAH DUSTY, SMITH Name: Name: 2603 TRAVELERS PALM DRIVE PO BOX 10312 Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: DAYTONA BEACH, FL 321200312 Title: () Delete Title: (X) Change () Addition SHEFFER, SELINA Name: OLSON, HEATHER Name: Address: 329 BRITTANY CIRCLE Address: 3326 SEFFNER DR. City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: HOLIDAY, FL 34691

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: DORIS E. SMITH D 01/17/2009