

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04521

**FILED**  
**Jul 25, 2014**  
**Secretary of State**

**Entity Name:** OAK GROVE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

14696 JESSE YARBROUGH ROAD  
C/O W. BRIAN YARBROUGH  
GLEN ST. MARY, FL 32040 US

**New Principal Place of Business:**

**Current Mailing Address:**

14696 JESSE YARBROUGH ROAD  
C/O W. BRIAN YARBROUGH  
GLEN ST. MARY, FL 32040 US

**New Mailing Address:**

**FEI Number:** 59-2648444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YARBROUGH, W. B  
14696 JESSE YARBROUGH ROAD  
GLEN ST. MARY, FL 32040 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:** WILLIAM BRIAN YARBROUGH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** YARBROUGH, W. B  
**Address:** 14696 JESSE YARBROUGH ROAD  
**City-St-Zip:** GLEN ST. MARY, FL 32040

**Title:** D  
**Name:** KIRKLAND, BRUCE W  
**Address:** 4128 TOWNSEND STREET  
**City-St-Zip:** STARKE, FL 32091

**Title:** D  
**Name:** CRAWFORD, MARY B  
**Address:** 12122 MUD LAKE ROAD  
**City-St-Zip:** GLEN ST. MARY, FL 32063

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM BRIAN YARBROUGH

D

07/25/2014

Electronic Signature of Signing Officer or Director

Date