

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003960

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLENCOE GEIGER ENDOWED CEMETERY CORPORATION

Current Principal Place of Business:

435 SUGAR MILL DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

435 SUGAR MILL DRIVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 11-3754651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFERSON, YVONNE C
2307 UMBRELLA TREE DRIVE
EDGEWATER, FL 32141 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: PD () Delete
Name: CARTER, LEVARNE JR.
Address: 509 FINCH DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VD () Delete
Name: BERKELEY, KAREN
Address: 513 ROPER STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD () Delete
Name: BROWN, MELVIN J SR
Address: 600 GREENLAWN STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD () Delete
Name: JEFFERSON, YVONNE C
Address: 2307 UMBRELLA TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: STAMBERSKY, AUTHUR
Address: 208 RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: DARRISAW, JOSEPH
Address: 518 N. MYRTLE AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32141

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:

Title: D (X) Change () Addition
Name: WHITE, MILDRED B
Address: 540 SINNKA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: LEVARNE CARTER JR.

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date