



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006510 1. Entity Name ODDFELLOW CEMETERY, INC.						FILED 08 FEB 15 PM 2:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 14236 S.E. 45TH PLACE STARKE, FL 32091				Mailing Address 14236 S.E. 45TH PLACE STARKE, FL 32091			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip		City & State Zip		4. FEI Number 30-0321711		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMS, DAISY 14236 S.E. 45TH PLACE STARKE, FL 32091				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <u><i>Daisy C. Williams</i></u> 2/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDLER, RICHARD 5566 NW 177 STREET STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000118134410 02/15/08--01023--001 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, JOHN H P.O. BOX 214 STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, DAISY 14236 S.E. 45TH PLACE STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Williams DAISY</i> <i>14236 SE 45th PL</i> <i>Starke, FL 32091</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANDLER, AMANDA 4493 S.E. 43RD TERRACE STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCSC FORD, SHIRLEY 115 HARUTHA STREET STARKE, FL 32091			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Daisy C. Williams</i></u> 2/13/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							