

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2009  
Secretary of State**

DOCUMENT# N05000010441

Entity Name: SAND POND PRIVATE FAMILY CEMETERY, CORP.

**Current Principal Place of Business:**

1006 COLSON RD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

1006 COLSON RD  
PLANT CITY, FL 33567

**New Mailing Address:**

FEI Number: 20-3678349      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PENDARVIS, SARAH J  
1006 COLSON RD  
PLANT CITY, FL 33567      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: NICHOLS, RONNIE  
Address: PO BOX 902  
City-St-Zip: DUNNELLON, FL 34430

Title: D      ( ) Delete  
Name: BRASS, EUNEDA  
Address: 21230 NW 13TH ST  
City-St-Zip: DUNNELLON, FL 34431

Title: D      ( ) Delete  
Name: NICHOLS, SANFORD  
Address: 13425 SW 91ST PL  
City-St-Zip: DUNNELLON, FL 34432

Title: D      ( ) Delete  
Name: PENDARVIS, SARAH J  
Address: 1006 COLSON RD  
City-St-Zip: PLANT CITY, FL 33567

**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:

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 J PENDARVIS

SECR

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date