

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011129

FILED
Apr 17, 2008
Secretary of State

Entity Name: LEVY COUNTY CEMETERY ASSOCIATION INC

Current Principal Place of Business:

12751 NW 92ND STREET
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

12751 NW 92ND STREET
CHIEFLAND, FL 32626 US

New Mailing Address:

FEI Number: 20-3710483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, TONI C
12751 NW 92ND STREET
CHIEFLAND, FL 32626 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: MEEKS, MARY JANE
Address: 12751 NW 92ND STREET
City-St-Zip: CHIEFLAND, FL 32626 US

Title: D () Delete
Name: ROOKS, LILLY
Address: 12751 NW 92ND STREET
City-St-Zip: CHIEFLAND, FL 32626 US

Title: DIR () Delete
Name: COLLINS, TONI C
Address: 12751 NW 92ND STREET
City-St-Zip: CHIEFLAND, FL 32626 US

Title: DIR () Delete
Name: WEST, MIKE
Address: 12751 NW 92ND STREET
City-St-Zip: CHIEFLAND, FL 32626 US

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: TONI C COLLINS

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date