

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003098

FILED
Apr 01, 2009
Secretary of State

Entity Name: WOODBRIDGE AND ALTAMONTE COMMUNITY CEMETERY INC.

Current Principal Place of Business:

525 SOUTH ST.
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150095
ALTAMONTE SPRINGS, FL 327150095

New Mailing Address:

FEI Number: 56-2569068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRAKES, ELIZA
110 SPRING STREET
ALTAMONTE SPRINGS, FL 32701 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: P () Delete
Name: NELSON, MAGNUS
Address: 106 DESOTA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: V () Delete
Name: DRAKES, ELIZA
Address: 110 SPRING STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: STEVENS, THELMA
Address: 1309 PINE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S () Delete
Name: HOLMES, CONNIE
Address: 813 CAMPELLO STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: JUSTICE, GLORIA
Address: 107 SPRING STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: GILBERT, FLOSSIE
Address: 1051 BLAKE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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
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City-St-Zip:

Title: () Change () Addition
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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: MAGNUS NELSON

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date