2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N06000003313

Entity Name: GASKIN CEMETERY, INC.

Current Principal Place of Business:

1558 COUNTY HWY 181 EAST
WESTVILLE, FL 32464

New Principal Place of Business:

Current Mailing Address:

1558 COUNTY HWY 181 EAST
WESTVILLE, FL 32464

New Mailing Address:

FEI Number: 51-0581837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFITH, ROYCE
1558 COUNTY HWY 181 EAST
WESTVILLE, FL 32464 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:	GRIFFITH, ROYCE	
Address:	1558 COUNTY HWY 181 EAST	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	S	( ) Delete
Name:	GRIFFITH, VONNETTE	
Address:	1558 COUNTY HWY 181 EAST	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	T	( ) Delete
Name:	WILKERSON, TONY	
Address:	1124 SCHOFIELD RD	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	P	( ) Delete
Name:	ALBERSON, JOE	
Address:	249 BRAXTON RD	
City-St-Zip:	WESTVILLE, FL 32464	
Title:	D	( ) Delete
Name:	THORN, SUE	
Address:	15686 STATE HWY 83	
City-St-Zip:	DEFUNIAK SPRINGS, FL 32433	
Title:	D	( ) Delete
Name:	WILLIAMS, GENE	
Address:	491 BRAXTON RD	
City-St-Zip:	WESTVILLE, FL 32464	

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:	( ) 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: VONNETTE GRIFFITH S 04/10/2008

Electronic Signature of Signing Officer or Director — Date