2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 06, 2008 08:00 A Secretary of State DOCUMENT # N06000008453 1. Entity Name SUNSET PARK CEMENTARY ASSOCIATION, INC. Principal Place of Business Mailing Address 319 GARDEN ST. 319 GARDEN ST. DAYTONA BCH FL 32114 DAYTONA BCH FL 32114 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1712211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CULVER, QUINCY L SR. Street Address (P.O. Box Number is Not Acceptable) 319 GARDEN ST. DAYTONA BCH FL 32114 City Zip Code 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 Signature, lyportion contect name of registered arrest and the if approacts (NOTE: Registered Agent signature regulated when reinstaung) CATÉ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Change ☐ Addition Delete CULVER, QUINCY L SR. 319 GARDEN ST. STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32114 CITY-ST-ZIP CITY-ST-ZIP Delate ☐ Change neilibbA ... CHERRY, JULIA T NAME U000000849811 732 SEA DUCK DR. 03/21/08-80035-022 61.25 STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate ☐ Change ■ Addition NAME WHITFIELD, JACQUELINE 627 FREMONT AVE. STREET ADDRESS STREET ADDRESS DAYTONA BCH FL 32114 CITY-ST-7/P CITY-ST-ZIP FITLE ☐ Delete Change nertibbA 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete THE STREET AUDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 simpowered. 386-255-7967

03-04-2008