


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-07-2008 90043 018 ****61.25

DOCUMENT # N07000006025			
1. Entity Name GULF CEMETERY ASSOCIATION, INC.			
Principal Place of Business 443 SEA WINDS DRIVE SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 1746 SANTA ROSA BEACH, FL 32456	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEJ Number 26-0464726		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD S. JOHNSON, P.A. 36008 EMERALD COAST PARKWAY, STE. 301 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name: E. Allan Ramey Street Address (P.O. Box Number is Not Acceptable): 1250 Circle Drive City: DeFuniak Springs FL Zip Code: 32435	
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: <i>E. Allan Ramey, attorney</i> DATE: 3/3/08 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	WILLIAM FREEZE		
CITY-ST-ZIP	443 SEAWINDS DR SANTA ROSA BEACH FL 32459		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	VICE PRESIDENT JASPER DENNISON		
CITY-ST-ZIP	211 MISSILE HILL DR. SANTA ROSA BEACH, FL. 32459		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	SECRETARY DOUGLAS ANDERSON		
CITY-ST-ZIP	158 SEAWINDS DR. SANTA ROSA BEACH FL 32459		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	TREASURER MARGARET CRAWFORD		
CITY-ST-ZIP	109 SCHOOL ROAD SANTA ROSA BEACH FL 32459		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	DIRECTOR CHARLES MOLL		
CITY-ST-ZIP	PO BOX 2016 - MOLL DRIVE SANTA ROSA BEACH FL 32459		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	DIRECTOR CURTIS LAUSEN		
CITY-ST-ZIP	245 BAYCIRCLE DRIVE SANTA ROSA BSH FL 32459		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.			
SIGNATURE: <i>William Freeze</i>		Date: 2-4-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



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