## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006025

Entity Name: GULF CEMETERY ASSOCIATION, INC.

Feb 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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443 SEA WINDS DRIVE SANTA ROSA BEACH, FL 32459

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1746 SANTA ROSA BEACH, FL 32456

FEI Number: 26-0464726 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMEY, E. ALLAN 1250 CIRCLE DR DEFUNIAK SPRINGS, FL 32435 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

FREEZE, WILLIAM FREEZE, WILLIAM Name: Name: 443 SEA WINGS DR Address: 443 SEA WINDS DR Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Delete Title: (X) Change ( ) Addition

DENNISON, JASPER Name: DENNISON, JASPER Name: Address: 211 MISSLE HILL DR Address: 211 MISSILE HILL DR City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete Title: (X) Change ( ) Addition ANDERSON, DOUGLAS HUETTEL, WINIFRED Name: Name:

158 SEAWINGS DR Address: Address: 71 MITCHELL DR.

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Delete Title: () Change () Addition

Name: CRAWFORD, MARGARET Name: 69 SCHOOL RD Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

MOLL, CHARLES MOLL, CHARLES Name: Name: POST OFFICE BOX 2016 MOLL DR POST OFFICE BOX 2016 Address: Address: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

CLAUSEN, CURTIS ARMSTRONG, EDWARD Name: Name:

Address: 225 BAY CIRCLE DR Address: P.O. BOX 99 SANTA ROSA BEACH, FL 32459 FREEPORT, FL 32489 City-St-Zip: 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: WILLIAM FREEZE Ρ 02/14/2009