

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006025

FILED
Jan 09, 2012
Secretary of State

Entity Name: GULF CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

443 SEA WINDS DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-0464726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPMAN, GARY
1414 CO. HWY. 283 SOUTH
SANTA ROSA BEACH, FL 32459 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/T
Name: FREEZE, WILLIAM
Address: 443 SEA WINDS DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP
Name: ZUKOWSKI, RAY
Address: 425 GOLF CLUB DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S
Name: GRUZDIS, LORENE
Address: 471 SEA WINDS DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D
Name: CRAWFORD, MARGE
Address: 69 SCHOOL RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: D
Name: ARMSTRONG, EDWARD
Address: P.O. BOX 99
City-St-Zip: FREEPORT, FL 32489

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM FREEZE

P/T

01/09/2012

Electronic Signature of Signing Officer or Director

Date