



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90027 047 \*\*\*\*61.25

<b>DOCUMENT # N07000006219</b> 1. Entity Name <b>LAUREL GROVE CEMETERY ASSOCIATION, INC.</b>					
Principal Place of Business <b>15340 NE 147TH AVE WALDO, FL 32694</b>			Mailing Address <b>PO BOX 130 WALDO, FL 32694</b>		
2. Principal Place of Business - No P.O. Box # <b>15340 NE 147th Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 130</b> Suite, Apt. #, etc.			
City & State <b>WALDO, FL</b> Zip <b>32694</b>		City & State <b>WALDO, FL</b> Zip <b>32694</b>		4. FEI Number <b>14-2008669</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DONALDSON, FRED 14058 NE 138TH STREET WALDO, FL 32694</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Fred S. DONALDSON</b> <b>14058 NE 138 ST</b> <b>WALDO, FL 32694</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JUDY S. DONALDSON</b> <b>14058 NE 138 ST.</b> <b>WALDO, FL 32694</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>Bill DeSha</b> <b>11601 NE Hwy 301</b> <b>WALDO, FL 32694</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACK GANSTINE</b> <b>6512 WOODLAND DR</b> <b>KEYSTONE HEIGHTS, FL 32656</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUSS DYSON</b> <b>4922 NE 77th Ave</b> <b>GAINESVILLE, FL 32607</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONALD SCHENCK</b> <b>11906 NE HWY 301</b> <b>WALDO, FL 32694</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	

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.

*Fred S. Donaldson*