2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

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Entity Name: LAUREL GROVE CEMETERY ASSOCIATION, INC.

Current Principal Place of Business:

15340 NE 147TH AVE
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

PO BOX 130
WALDO, FL 32694

New Mailing Address:

FEI Number: 14-2008669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONALDSON, FRED
14058 NE 138TH STREET
WALDO, FL 32694 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 ( ) Delete
Name: DONALDSON, FRED S
Address: 14058 NE 138 ST
City-St-Zip: WALDO, FL 32694

Title: S ( ) Delete
Name: DONALDSON, JUDY S
Address: 14058 NE 138 ST
City-St-Zip: WALDO, FL 32694

Title: VPD ( ) Delete
Name: DESHA, BILL
Address: 11601 NE HWY 301
City-St-Zip: WALDO, FL 32694

Title: D ( ) Delete
Name: GANSTINE, JACK
Address: 6512 WOODLAND DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: DYSON, RUSS
Address: 4922 NE 77TH AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: SCHENCK, DONALD
Address: 11906 NE HWY 301
City-St-Zip: WALDO, FL 32694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: DONALDSON, JUDY S
Address: 14058 NE 138 ST
City-St-Zip: WALDO, FL 32694

Title: VPD (X) Change ( ) Addition
Name: SCHENCK, DONALD
Address: 11906 NE HWY 301
City-St-Zip: WALDO, FL 32694

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DUBOIS, JAMES J
Address: 14946 NE 143RD TERRACE
City-St-Zip: WALDO, FL 32694

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: JUDY DONALDSON S/T 04/09/2009

Electronic Signature of Signing Officer or Director — Date