2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2008 8:00 am **Secretary of State** DOCUMENT # N07000006373 1. Entity Name 03-19-2008 90027 002 ****70.00 SHINGLE CREEK CEMETERY FUND, INC. Principal Place of Business Mailing Address 2420 OLD VINELAND ROAD 2375 SUE DRIVE KISSIMMEE FL 34746 KISSIMMEE FL 34741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) 4. FEI Number 3816927 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILBERT, BETTY Street Address (P.O. Box Number is Not Acceptable) 2375 SUE DRIVE KISSIMMEE FL 34741 City Zip Code 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 Signature, typed or printed name of registered agent and the diapplicable. CATE (NOTE: Beaustered Agent signature required when reinstanne) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. T.TLE Delate TITLE Change Addition OVERSTREET, DUKE MARKE NAME STREET ADDRESS 4245 REEVES ROAD STREET ADDRESS KISSIMMEE FL 34746 CITY - ST-ZIP CITY-ST-ZIP THE ☐ Delate TITLE Change Addition OVERSTREET, MARK NAME NAME 13951 US 98 NORTH STREET AUDRESS STREET ADDRESS KATHLEEN FL 33849 CITY-ST-ZIP CITY-ST-ZIP VΡ TATLE Delate. ____Change ___ Addition BRONSON, VINCENT HAME NAME SIRFET ADDRESS 950 N. ROMA WAY STREET ADDRESS CUY-ST-7IP KISSIMMEE FL 34741 CITY-ST-ZIP acitibbA [Delete Change THE TITLE SMITH, VIANNE NAME NAME STREET ADDRESS 4800 CANOE CREEK ROAD STREET ADDRESS ST.CLOUD FL 34772 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Dalete mar Change GILBERT, BETTY HARE 2375 SUE DRIVE STREET ADDRESS STREET ACCIPESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attaching the with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TOLE

NAME

KISSIMMEE FL 34741

☐ Delete

3-5-08

FILED

407-847-4169

Change

Addition