2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008725

FILED May 12, 2008 Secretary of State

Entity Name: CEMETERY RECOVERY & PRESERVATION TRUST OF JACKSONVILLE INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:	
	AURA ST. IVILLE, FL 32206		
urrent M	lailing Address:	New Mailing Address:	
	AURA ST. IVILLE, FL 32206		
n accordan	: 26-0868796 FEI Number Applied For () ace with s. 607.193(2)(b), F.S., the corporation di	FEI Number Not Applicable () Certificate of Status Desired	()
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	SHANNON		
	AURA ST. IVILLE, FL 32206 US		
ACKSON	IVILLE, FL 32206 US	e purpose of changing its registered office or registered agent, or	r both
ACKSON	IVILLE, FL 32206 US e named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or	r both
ACKSON The above the State	IVILLE, FL 32206 US e named entity submits this statement for the of Florida.		r both
ACKSON The above In the State	IVILLE, FL 32206 US e named entity submits this statement for the of Florida. RE:		
ACKSON The above The State SIGNATU	NILLE, FL 32206 US e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered	Agent Date	
he above the State GNATU OFFICER tte: ame: ddress:	e named entity submits this statement for the of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete PALMER, SHANNON 1331 N. LAURA ST.	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address:	

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: SHANNON PALMER PD 05/12/2008