

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008725

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

1331 N. LAURA ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1331 N. LAURA ST.
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 26-0868796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, SHANNON
1331 N. LAURA ST.
JACKSONVILLE, FL 32206 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: PD () Delete
Name: PALMER, SHANNON
Address: 1331 N. LAURA ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: PALMER, ROBBY
Address: 1331 N. LAURA ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: PHOU, WENDY
Address: 1849 N. MARKET ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NAUGLE, CAMERON
Address: 4161 MARQUETTE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DIR () Change (X) Addition
Name: MILLER, SARAH
Address: PO BOX 1027
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: DIR () Change (X) Addition
Name: JEFFERSON, CHERYL
Address: 11514 BROAD LEAF DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: DIR () Change (X) Addition
Name: WEIMERT, ROY
Address: 4501 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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

03/18/2009

Electronic Signature of Signing Officer or Director

Date