2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000012188

NAME

STREET ADDRESS

CITY-ST-7IP

FRIENDS OF YOUNGSTOWN COMMUNITY CEMETERY, INC.



04-14-2008 90060 010 ****70.00

Apr 14, 2008 8:00 am Secretary of State

FILED

		CO W 180
Principal Place of Business 5935 PIPPIN ROAD PANAMA CITY, FL 32404	Mailing Address 5935 PIPPIN ROAD PANAMA CITY, FL 32404	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

|--|--|--|

02082008 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For 26-1651261 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBB, ELETHA A Street Address (P.O. Box Number is Not Acceptable) 5935 PIPPIN ROAD PANAMA CITY, FL 32404

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 title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filling Fee is \$61.25

DATE Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete X Addition TITLE TITLE ☐ Change Cecil C. Miles NAME NAME 6430 Freda Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NSON, AL 35/26-4/24 Delete TITLE TITLE Mary ANN CANNON 4081 Mount Zion Church Rd. Valdosta, GA 31605 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Eletha ANN Cobb NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 32404 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Mary L. Cannon Mary A, Cannon Apr 7, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date