


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 022 \*\*\*\*61.25

<b>DOCUMENT # N07826</b> 1. Entity Name <b>SUBER MEMORIAL GARDENS, INC.</b>	
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Principal Place of Business <b>ANDREW L ROGERS SR</b> <b>282 S CHURCH STREET</b> <b>LAKE HELEN, FL 32744 US</b>	Mailing Address <b>2665 COURTLAND BLVD</b> <b>DELTONA, FL 32738 US</b>
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2. Principal Place of Business - No P.O. Box # <b>600 Jackson St</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 367</b> Suite, Apt. #, etc.
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City & State <b>Lake Helen, FL</b>	City & State <b>Lake Helen, FL</b>
Zip <b>32744</b>	Country <b>USA</b>

8. Name and Address of Current Registered Agent <b>ROGERS, ANDREW L SR</b> <b>266 S. COURTLAND BLVD</b> <b>DELTONA, FL 32725</b>	
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7. Name and Address of New Registered Agent Name <b>Keith Smith, Sr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 Jackson Street</b> City <b>Lake Helen</b> FL Zip Code <b>32744</b>	
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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 <b>Keith Smith</b> DATE <b>4-21-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CODY, LULA B</b> <b>825 JOE SMITH LANE</b> <b>LAKE HELEN, FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUKES, LORETTA</b> <b>635 WEST OHIO AVENUE</b> <b>LAKE HELEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOWLER, ALZADO</b> <b>492 JACKSON ST</b> <b>LAKE HELEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITES, LULA T</b> <b>849 WEST OHIO AVE</b> <b>LAKE HELEN, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ANDREW L. ROGERS</b> <b>266 S. COURTLAND BLVD.</b> <b>DELTONA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Keith Smith</b> <b>840 Kichlighter Road</b> <b>Lake Helen, FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Frank Bradley</b> <b>572 Jackson Street</b> <b>Lake Helen, FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Flora Fowler</b> <b>442 Jackson Street</b> <b>Lake Helen, FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Beth Cody</b> <b>140 North Garden</b> <b>LAKE HELEN FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Financial Secretary</b> <b>Kenneth Smith</b> <b>880 Kichlighter</b> <b>Lake Helen, FL 32744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chaplain</b> <b>William Bradley, Sr.</b> <b>602 W. Field Ave</b> <b>Deltona, FL 32744</b>

12. I hereby certify that the information supplied with this filing 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 life empowered.	
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<b>SIGNATURE:</b> <b>Keith Smith</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-21-08</b> <small>Date</small>	<small>Daytime Phone #</small>
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