

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07826

FILED
Feb 11, 2009
Secretary of State

Entity Name: SUBER MEMORIAL GARDENS, INC.

Current Principal Place of Business:

600 JACKSON STREET
LAKE HELEN, FL 32744 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 367
LAKE HELEN, FL 32744 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, SR, KEITH
600 JACKSON STREET
LAKE HELEN, FL 32744 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: P () Delete
Name: SMITH, KEITH
Address: 840 KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: VP () Delete
Name: BRADLEY, FRANK
Address: 572 JACKSON STREET
City-St-Zip: LAKE HELEN, FL 32744

Title: S () Delete
Name: FOWLER, FLORENCE
Address: 442 JACKSON STREET
City-St-Zip: LAKE HELEN, FL 32744

Title: T () Delete
Name: CODY, BETH
Address: 140 NORTH GOODWIN BLVD
City-St-Zip: LAKE HELEN, FL 32744

Title: FS () Delete
Name: SMITH, KENNETH
Address: 880 KICKLIGHTER ROAD
City-St-Zip: LAKE HELEN, FL 32744

Title: CHA () Delete
Name: BRADLEY, SR, WILLIAM
Address: 602 W GRELLID AVENUE
City-St-Zip: LAKE HELEN, FL 32744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CODY, MITCHELL M
Address: 140 NORTH GOODWIN STREET
City-St-Zip: LAKE HELEN, FL 32744

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

Title: T (X) Change () Addition
Name: CODY, BETTY
Address: 140 NORTH GOODWIN STREET
City-St-Zip: LAKE HELEN, FL 32744

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

Title: CHA (X) Change () Addition
Name: BRADLEY, SR, WILLIAM
Address: 602 W EUCLID AVENUE
City-St-Zip: LAKE HELEN, FL 32744

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: BETTY CODY

T

02/11/2009

Electronic Signature of Signing Officer or Director

Date