2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2010
Secretary of State

DOCUMENT# N09000002808

Entity Name: THE HYDE PARK-ST PAUL (WALKER) CEMETERY, INC.

Current Principal Place of Business:

223 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

223 TRIPLETT ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

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

Name and Address of Current Registered Agent:

HAWKINS, BOSSIE H
1410 LOLA DRIVE
TALLAHASSEE, FL 323016713 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
Name: HAWKINS, BOSSIE
Address: 1410 LOLA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: V
Name: WARD, EDITH H
Address: 4534 DESLIN COURT
City-St-Zip: TALLAHASSEE, FL 32305

Title: S
Name: WILLIAMS, MAE F
Address: 3000 PASCO STREET
City-St-Zip: TALLAHASSEE, FL 32305

Title: AS
Name: BRUCE, MALENIE
Address: 129 GREENLIN VILLA ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T
Name: FARMER, ALTON
Address: 78 HI-LO WAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: TRIPLETT, PRESTON
Address: PO BOX 291
City-St-Zip: ST MARKS, FL 32355

I hereby 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 all other like empowered.

SIGNATURE: BOSSIE H. HAWKINS PRES 06/21/2010

Electronic Signature of Signing Officer or Director — Date