

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006372

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** LACOOCHEE CEMETERY ASSOCIATION, INC.

**Current Principal Place of Business:**

21012 BROWER ROAD  
LACOOCHEE, FL 33537

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 483  
LACOOCHEE, FL 33537

**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:**

PROFESSIONAL ACCOUNTING  
38743 OTIS ALLEN ROAD  
ZEPHRYHILLS, FL 33540 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: SURRENCY, DONALD O  
Address: 38602 MICKLER ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: VP  
Name: HINES, WOODROW E  
Address: 39707 COIT ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: ST  
Name: WRIGHT, HOLLIE  
Address: 20822 LANGACRE DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: D  
Name: PARRISH, ELDRIDGE  
Address: 35920 CLINTON AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: SANDERSON, BILL  
Address: 31341 SANDERSON ROAD  
City-St-Zip: LACOOCHEE, FL 33537

Title: D  
Name: STRICKLAND, MARVIN  
Address: 22276 WEST LOOP ROAD  
City-St-Zip: GROVELAND, FL 34736

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: AMY BARBER

D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date