2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N10255

Entity Name: OLD BETHEL CEMETARY ASSOCIATION, INC.

Current Principal Place of Business:

4812 MOSLEY LANE NORTH
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

4812 MOSLEY LANE NORTH
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-2942536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COKER, ELOISE
4812 MOSLEY LANE N
CRESTVIEW, FL 32539 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:	CHESTNUT, JAMES	
Address:	4797 LAKE EMERALD DR	
City-St-Zip:	HOLT, FL 32564	
Title:	TD	( ) Delete
Name:	COKER, ELOISE,	
Address:	2861 AIRPORT RD.	
City-St-Zip:	CRESTVIEW, FL	
Title:	D	( ) Delete
Name:	CAIN, JAMES	
Address:	W HWY 90	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	GILMORE, DOSIA,	
Address:	P.O. BOX 212 N/A	
City-St-Zip:	MILLIGAN, FL	
Title:	D	( ) Delete
Name:	ALLEN, SARA,	
Address:	1202 FARMER ST.	
City-St-Zip:	CRESTVIEW, FL	
Title:	D	( ) Delete
Name:	MILLER, BETTY,	
Address:	2949 N.E. SECOND AVE.	
City-St-Zip:	CRESTVIEW, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ELOISE COKER TD 02/23/2009

Electronic Signature of Signing Officer or Director — Date